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J. M. Robb, M.D., Detroit
MSMS President
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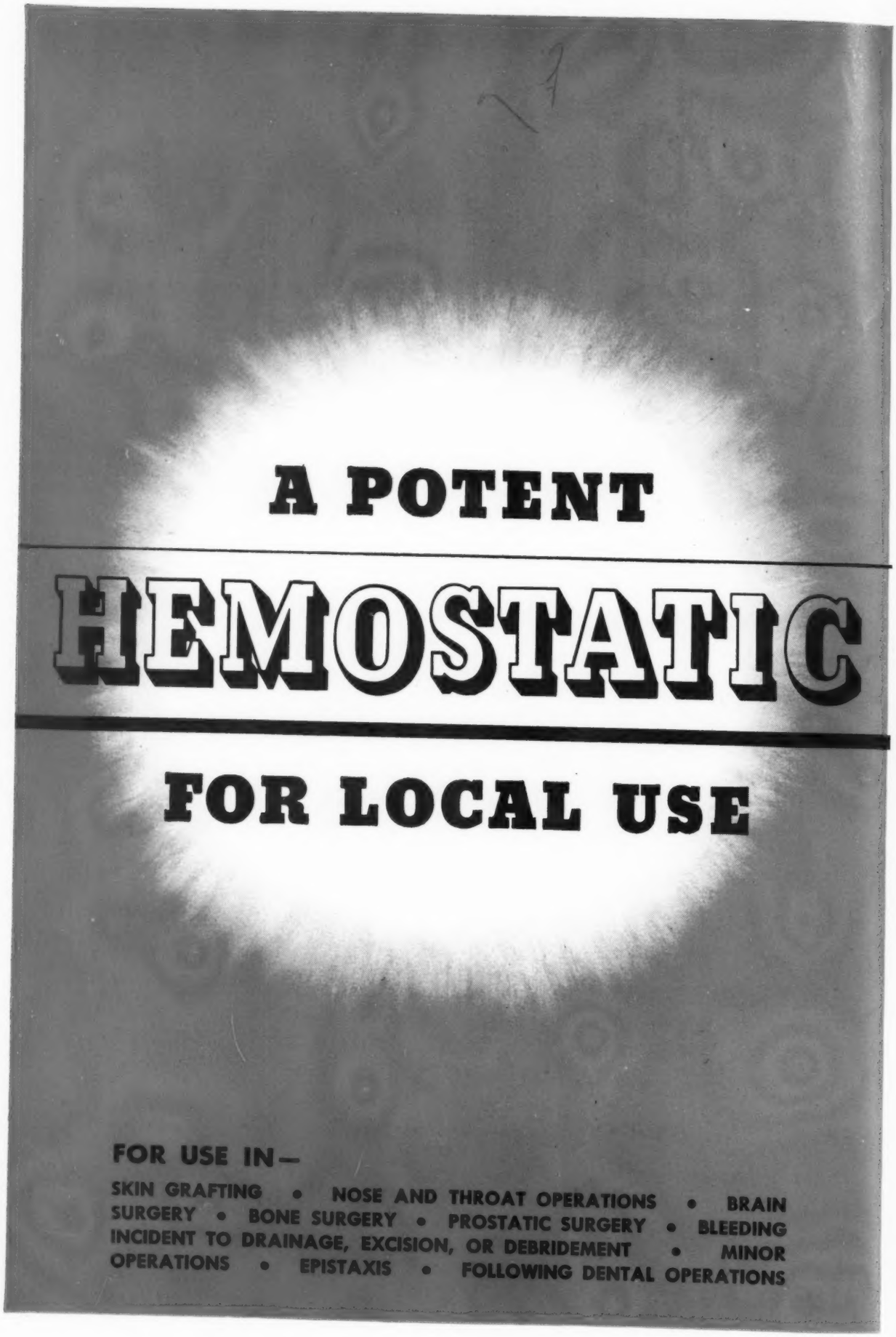
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You and Your Business

1945 SCIENTIFIC SESSION CANCELLED

The 80th Scientific Session of the Michigan State Medical Society, scheduled for the Book-Cadillac Hotel, Detroit, September 19-20-21, will not be held. The War Committee on Conventions has denied the request of the State Society to hold its Postgraduate Conference on War Medicine in 1945.

Plans for the 1946 Annual Session are already under way.

A skeletal session of the MSMS House of Delegates is scheduled for the Book-Cadillac Hotel, Detroit, convening at 8:00 p.m. on Monday, September 17, and continuing all day Tuesday, September 18.

CONFERENCE ON RHEUMATIC FEVER

The Council of the Michigan State Medical Society and its Committee on Rheumatic Fever Control cordially invite all members to attend a conference on rheumatic fever to be held in Detroit Wednesday and Thursday, September 19-20. Details of the program will be mailed to the membership on September 1. Several outstanding authorities on rheumatic fever will come to Michigan to highlight this two-day conference.

DENVER PUBLIC RELATIONS CONFERENCE

Michigan Medical Officers Tell Story of Progress in This State

Doctors of Medicine representing nine western states learned how the Michigan State Medical Society is combating the threat of socialized, bureaucratic political medicine by a functioning voluntary pre-payment plan and a public relations program, at a medical parley held in Denver June 28-29.

The story of how Michigan Doctors of Medicine let their world know how they supply the public with the best medical service available at a price they can pay was related to the regional meeting called by the Colorado and California Medical Associations.

Michigan speakers invited to address the conference were:

A. S. Brunk, M.D., Detroit, *President*, MSMS.

P. L. Ledwidge, M.D., Detroit, *Speaker, House of Delegates.*

E. F. Sladek, M.D., Traverse City, *Council Chairman.*

L. Fernald Foster, M.D., Bay City, *Secretary.*

C. L. Candler, M.D., Detroit, *Chairman, Special Committee on Radio.*

Wm. J. Burns, LL.B., Lansing, *Executive Secretary.*

C. H. Chapman, Chapman Agency, Detroit.

Western State Society presidents at the Public Relations Conference were: E. R. Mugrage, M.D., Denver, Colo.; Philip K. Gilman, M.D., San Anselmo, Calif.; Carl H. Gellenthien, M.D., Valmora, New Mexico; W. Andrew Bunten, M. D., Cheyenne, Wyoming; J. LaRue Robinson, M.D., Reno, Nevada; W. P. Callahan, M.D., Wichita, Kansas.

Other officers of the western state medical associations included: H. H. Skinner, M.D., Yakima, Chairman of Public Relations Committee, Washington State Medical Association; Parley Nelson, M.D., Rexburg, Past President, Idaho State Medical Association; Joseph C. Bunten, M.D., George Phelps, M.D., and Russell I. Williams, M.D., all of Cheyenne, members of Public Relations Committee, Wyoming State Medical Society; Dwight H. Murray, M.D., Napa, Legislative Chairman of the California Medical Association; George A. Unfug, M.D., Pueblo, President-Elect, Colorado State Medical Society; John S. Bouslog, M.D., Denver, Secretary, Colorado State Medical Society; Bradford Murphey, M.D., Denver, Chairman, Committee on Public Policy and George P. Lingenfelter, M.D., Denver, Past-President, Colorado State Medical Society; J. H. A. Peck, M.D., St. Francis, Kansas; B. R. Nelson, M.D., Manhattan, Kansas, Members of the Public Relations Committee of the Kansas Medical Society and Oliver Ebel, of Topeka, Executive Secretary of the Kansas Medical Society; John Hunton, San Francisco, Executive Secretary, California Medical Association; M. C. Smith, Lincoln, Executive Secretary, Nebraska State Medical Association; Capt. Harvey Sethman, M.A.C., Den-

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DENVER PUBLIC RELATIONS CONFERENCE

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ver, Executive Secretary, Colorado State Medical Society; Howard Hazard, LL.B., San Francisco, Legal Counsel, and Ben Read, San Francisco, Legislative representative, California Medical Association; and William I. McNary, Denver, Director of Blue Cross and Medical Service Plans for Colorado.

The program included a discussion of "Drafting Panels" by Dr. Ledwidge and a reading of the Michigan "Outline" for necessary medical legislation by Executive Secretary Burns.

Council Chairman Sladek outlined "Progressive Activities of a State Medical Society."

President Brunk and Dr. Candler told the story of "Michigan's Experience With Commercial Radio Broadcasting"; the technical details were presented by Mr. Chapman.

"Voluntary Medical Care Programs" were outlined by Secretary Foster and resulted in an all-day discussion. The threat of socialized medicine by any plan such as the Wagner-Murray-Dingell Bill now in Congress can be shelved by giving better medical service to the people at a price they can afford to pay—and letting them know that such a pre-payment plan is available, stated Dr. Foster.

The conference, at its final session, adopted a resolution urging

1. That each state medical society formulate a statement of its position on medical care programs;

2. That each state file the name of its medical society president with the Michigan State Medical Society, which will provide a master list to all of the states, and that each state send its statement of position on medical care programs to all other state presidents prior to a conference of presidents of all the twenty-seven state medical societies represented at the Denver and the Detroit Public Relations Conferences;

3. That each state approve all methods of publicity and public information, including radio, to educate the public on the plans and aims and objectives of the medical profession.

The conference ended on a note of appreciation to the Michigan visitors for bringing helpful leadership to the western states. "Michigan has pioneered in an unknown field," stated President-Elect Unfug of Colorado, "and we feel that we in the western states will be able to move much faster due to the preliminary work which Michigan has done for us. We are grateful to the leaders and members of that progressive State Medical Society."

SHOUT ABOUT THE GOOD WE HAVE TODAY

"Better distribution of medical care" is the war cry of social uplifters, statisticians, et cetera. Sure, better distribution is the aim of all of us, but let's pause a moment and compare medicine and its *present* distribution to other commodities.

Meat, for example, and *cigarettes, butter, metals, sugar.*

"Gone to War" may be the answer, especially of the government bureaucrats who have control of meat, butter, et cetera. So has the medical profession gone to war, 62,000 out of 110,000—the older and less efficient being left behind. But is there an absence—a total dearth of medical care, such as meat, butter? On the contrary, medical care is being distributed almost as well *NOW,* with fewer and older men to do it—than before the war.

Black markets plague the government planners—in their vain attempts to distribute food and other necessities according to vascillating theories hatched in Washington. No black market exists in Medicine; its humanizing affairs are in the hands of Doctors of Medicine—men of freedom, so far at least. Will government "planning" of medical service also result in a black market of this most vital necessity?

Medical service—of all the necessary services rendered the peoples of the United States—is the most widely distributed. Members of the medical profession must remember that and shout it to the treetops. This good distribution has given our people of America the best health of any people in the world.

Medical men, of course, are not satisfied with the present distribution of medical care; they never will be, as perfection is their aim in all health matters. But their programs for better distribution of medical service—such as Michigan Medical Service—are in movement and are gradu-

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SHOUT ABOUT THE GOOD WE HAVE TODAY

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ally solving the problem, even as Medicine's blind critics are berating the "reactionary medical profession," screaming and writing invectives—and doing nothing else. These people, through their preachments based upon false premises, are really selling America "short," describing a picture of poverty and ill health while the United States remains far above all others the most healthy in history.

When better distribution of medical care is accomplished, it will be done by the medical profession. Doctors of Medicine are trying to improve it, constantly, in an evolutionary way. Meanwhile, let's pause to appraise the wonders of medical distribution today. Let's not belittle the good we have, just because the best lies in Utopia around the corner.

PAUL MALLON REPORTS ON THE WAGNER BILL

"A genuine basis for resistance against the Wagner-Murray-Dingell Bill exists. I suspect the administration's recalcitrance is probably due to Social Security Administrator Altmeyer's suspicion that the Wagner Bill is financially unsound. Altmeyer thinks the expenditures proposed will run far greater than the money raised by the taxes, and he has indicated that this drain on the treasury could go as high as several billions of dollars yearly.

"But the great scope of the Wagner idea raises doubt as to whether the people will get out of the bill real benefits commensurate with the terrific taxation. You never hear much about costs of these insurance panaceas. . . . Nowhere does Senator Wagner get down to the financial facts of the matter, and none of the published reports has even estimated the annual cost.

"If the federal government takes this huge amount—twice as much as it cost the whole government to operate in the Coolidge administration—and puts it in a cold fund to be doled out in driblets to particular groups of people in particular ways, through a tremendous welfare bureaucracy, will the people generally get out of it as much as they put in? Everyone pays, few get benefits." —*Paul Mallon, June 4, 1945.*

"BETTER HEALTH FOR THE AMERICAN PEOPLE"

The program of the Michigan Health Council has been outlined in a brochure with the above significant title. "Better Health for the American People" endeavors to analyze the fundamental questions involved in the problem as to how the universal objective of better health care for the American people shall be achieved.

The Michigan Health Council believes that this question is not isolated, but is a part of a greater issue upon which the actual survival of democracy depends. The Council is convinced that democratic processes have lost none of their vitality or their power for both justice and progress, and that these processes are as valid in the field of health care as anywhere else.

"Better Health for the American People" is a statement concerning a most controversial current domestic issue; it shows how democratic methods can be applied to bring about better health care for the American people.

Copies of this excellent brochure are available by writing the Michigan Health Council, Washington Boulevard Building, Detroit 26, Michigan.

CALIFORNIA MEDICAL ASSOCIATION

The California Medical Association meeting held in Los Angeles, May 6 and 7, made some very important changes in the future policy of California medicine. The dues to the California Medical Association were raised from $20 a year to $100 a year, effective January 1, 1946. To some, this will seem to be an exorbitant increase in dues. This decision by the House of Delegates was made because we have all become more aware of the fact that we, as a profession, have been woefully weak in our public relations program. During the past several months we have been attacked by strongly organized pressure groups. The general public has been given a distorted impression of the medical profession by direct statements and by inference. The California Medical Association delegates felt that we must prepare a program to tell the people of California about the accomplishments of the medical profession and what we propose to do about aiding in the distribution of voluntary prepaid medical care. This program will necessarily be expensive, but we truly believe the profession in California will benefit immeasurably from this small investment by the individual members.—*San Francisco County M. Soc. Bull.*, 18:11, (June 19) 1945.

Proceedings of Mid-Summer Session of the Council

July 13-14, 1945

Two days of discussions and joint meetings with other groups occupied the members of The Council of the Michigan State Medical Society at its Mid-Summer Session on Mackinac Island.

Following are the highlights of The Council's actions:

The Annual Report of The Council, for submission to the House of Delegates, was developed and approved. This complete report of a year's activity will require some sixteen printed pages in the "Handbook for Delegates."

The semi-annual financial reports, as well as the reports of the Publication Committee, Industrial Health Committee, the Liaison Committee with the University of Michigan, Special Committee on Radio, and on the Denver Medical Public Relations Conference of June 28-29, were presented, discussed, and approved.

A conference on rheumatic fever was authorized for Detroit, September 19-20.

The Council made recommendations for the personnel of the Michigan State Board of Registration in Medicine, for terms expiring in 1945; these were forwarded to the Secretary of State, in accordance with Section 1 of the Medical Practice Act.

Arrangements for a skeletal session of the MSMS House of Delegates, to be held at the Book-Cadillac Hotel, Detroit, September 17-18, were completed.

The Council adopted a statement requesting early separation of unneeded medical officers from military service and instructed that the document be sent to the Surgeons General of the Army and Navy, the Air Surgeon, to Procurement & Assignment Service, and to Michigan members of Congress, et cetera.

A progress report on the formation of a uniform fee schedule for governmental agencies was presented by the Special Committee. It is anticipated that this uniform fee schedule will be ready for general publication about October 1.

The Council adopted a resolution requesting the House of Delegates to revoke the charter of a county medical society in Michigan.

The annual joint meeting with the members of the Michigan Crippled Children Commission, and the annual joint session with the Michigan Advisory Council of Health featured the second day of the Council's Mid-Summer Session, at which eighteen of the twenty Councilors were present.

THE COUNCIL, MICHIGAN STATE MEDICAL SOCIETY AT MID-SUMMER MEETING, JULY 13-14, 1945

FIRST ROW: E. R. Witwer, M.D., Detroit; T. E. DeGurse, M.D., Marine City; E. F. Sladek, M.D., *Chairman*, Traverse City; A. S. Brunk, M.D., *President*, Detroit; A. H. Miller, M.D., Gladstone; W. E. Barstow, M.D., St. Louis; L. Fernald Foster, M.D., *Secretary*, Bay City.
SECOND ROW: R. S. Morrish, M.D., Flint; O. O. Beck, M.D., *Vice Chairman*, Birmingham; Wilfrid Haughey, M.D., *Editor*, Battle Creek; A. B. Smith, M.D., Grand Rapids; Philip A. Riley, M.D., Jackson; O. D. Stryker, M.D., Fremont; Dean W. Myers, M.D., Ann Arbor.
THIRD ROW: P. L. Ledwidge, M.D., *Speaker*, Detroit; W. H. Huron, M.D., Iron Mountain; R. J. Hubbell, M.D., Kalamazoo; F. H. Drummond, M.D., Kawkawlin.
Absent when picture was taken: C. E. Umphrey, M.D., Detroit, and Wm. A. Hyland, M.D., *Treasurer*, Grand Rapids.

PRIVINE
IN
ALLERGIC RHINITIS

Whether the *seasonal* type of allergic rhinitis is due to a sensitivity to pollens of the common trees, grasses or ragweeds, or whether the *perennial* type is caused by animal danders, vegetable powders, house dusts, foods or drugs ...PRIVINE* (Naphazoline) is extremely effective for shrinking the pale, swollen and "water-logged" nasal mucosa without compensatory swelling.

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NOTES ON COURT DECISIONS, STATUTES AND OTHER AUTHORITIES

J. JOSEPH HERBERT, LL.B., General Counsel, MSMS
Manistique, Michigan

X-ray Pictures Taken by Physician—Whose Property—Exception to General Rule

The general rule in respect to ordinary photographs gives all the property rights in a negative to the one who employs the photographer to take the picture in the usual course of business. Is there a sufficient reason to warrant an exception in the case of x-ray negatives made by a physician, incident to the treatment of a patient? Until recently, this question had never been presented to an appellate court in this country. However, the Michigan Supreme Court was in MCGARRY vs. J. A. MERCIER COMPANY, 272 Mich. 501, called on to give the answer. As a case of first impression it holds more than a passing interest for the medical profession.

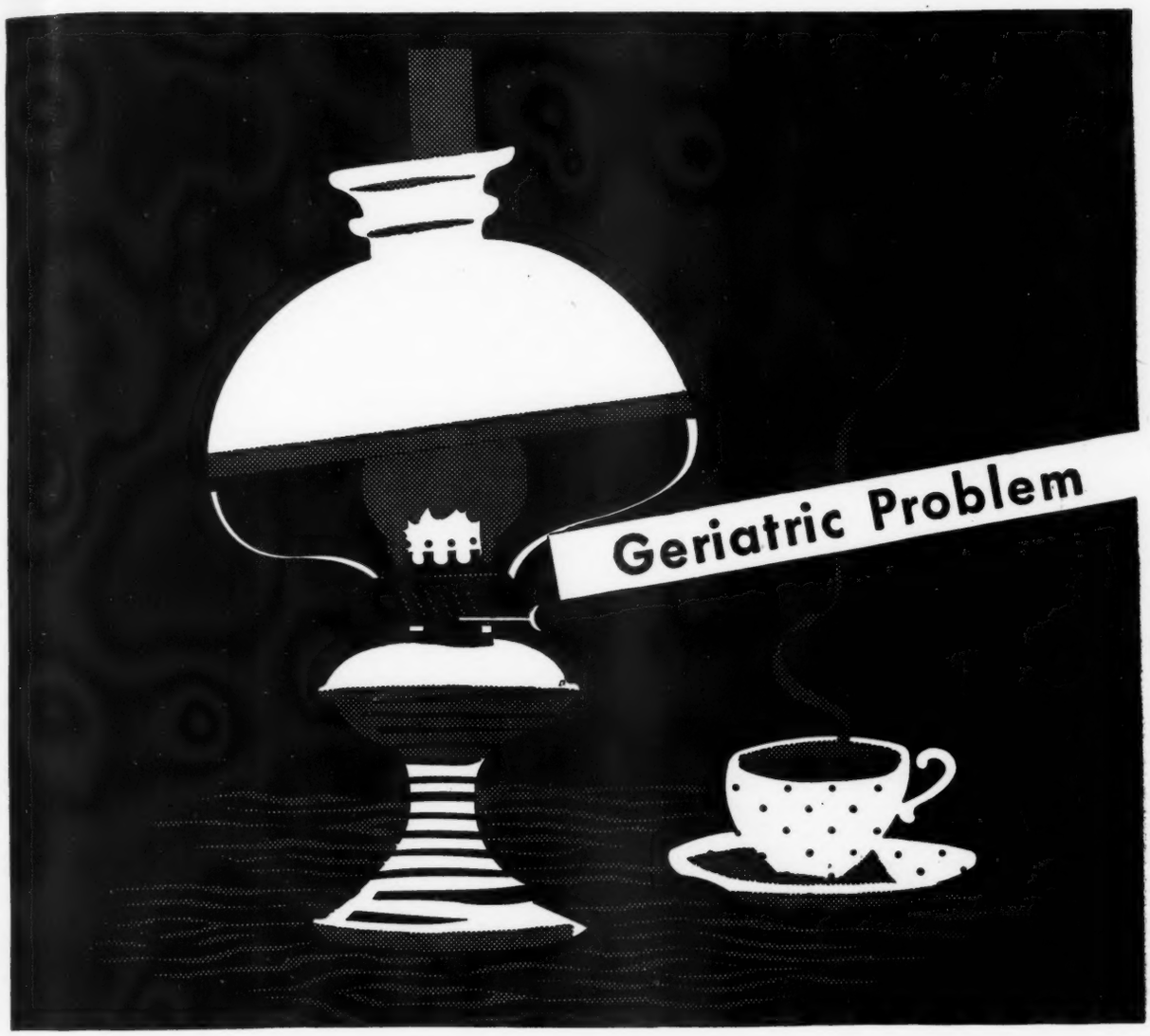
Dr. McGarry of Fenton sued the A. J. Mercier Company for professional services rendered one of the company's employes at its request. The patient while at work had sustained a low-back injury involving the sacroiliac joint. Treatment extended over several months, during which the doctor took a number of x-ray pictures of the affected area. The company sought to avoid payment of the doctor's bill on the ground, among others, that the doctor had refused to deliver the x-ray negatives for use by other physicians. The court held that, in spite of the fact that the cost of the x-ray was charged to the patient or the one who engaged the physician, the negative was, in absence of an agreement to the contrary, the property of the physician and need not be surrendered by him.

In arriving at its conclusion, the court said: "Plaintiff was fully justified in refusing to surrender possession of the x-ray negatives. In the absence of agreement to the contrary, such negatives are the property of the physician or surgeon who has made them incident to treating a patient. It is a matter of common knowledge that x-ray negatives are practically meaningless to the ordinary layman. But their retention by the physician or surgeon constitutes an important part of his clinical record in the particular case, and in the aggregate these negatives may embody and preserve much of value incident to a physician's or surgeon's experience. They are as much a part of the history of the case as any other case record made by a physician or surgeon. In a sense they differ little if at all from microscopic slides of tissue made in the course of diagnosis or treating a patient, but it would hardly be claimed that such slides were the property of the patient. Also, in the event of a malpractice suit against a physician or surgeon, the x-ray negatives which he has caused to be taken and preserved incident to treating the patient might often constitute the unimpeachable evidence which would fully justify the treatment of which the patient was complaining. In the absence of an agreement to the contrary, there is every good reason for holding that x-ray negatives are the property of the physician or surgeon rather than of the patient or party who employed such physician or surgeon, notwithstanding the cost of taking the x-ray pictures was charged to the patient or to the one who engaged the physician or surgeon as a part of the professional service rendered." MCGARRY vs. J. A. MERCIER COMPANY, supra.

WAGNER-MURRAY-DINGELL BILL

The construction of the Bill has been criticized by both its oponents and proponents and many who feel that it would not solve the medical problems of the United States. It implies that the remedy lies in passing a law which places the majority of physicians, hospitals, nurses, pharmacists, and other medical personnel under political jurisdiction. That this tremendous political responsibility should be vested in a single man (Surgeon General) with administrative powers limited only by an Advisory Council seems undemocratic. It represents an extreme viewpoint, copied from our English neighbors, who have under consideration the Beveridge Report, suggesting a lack of original thinking on our part.

The conservative and democratic solution of our medical problem is a continuation of reforms carried on by the medical profession. The physicians themselves, not government legislation, are responsible for the slow but certain evolution of superior medical schools and eradication of the diploma mills. The standardization of hospitals to higher levels of service, the critical selection of medical students with systematic training, and the creation of high standards for qualification as specialists are only a few of their accomplishments. Another milestone is voluntary hospital insurance. The next step is voluntary insurance for other types of medical service with expansion based upon experience, rather than theory and imagination of an unrepresentative minority group of social reformers.—The Dingell Bill, *Illinois M. J.*, 87:222, (May) 1945.



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War Medicine

GENERAL KIRK REPORTS ON MALARIA EFFECTS

Fear due to lack of information can cause more harm than malaria itself, Major General Norman T. Kirk, Surgeon General of the Army, declared in his first public report on the effects of this disease on the individual.

With the prospect of thousands of soldiers returning to this country from malarious regions, General Kirk made an appeal for a better understanding of the problem so the public will realize that, with a few simple precautions, malaria is not a disease that should give undue concern either to infected servicemen or to their families.

"The soldier who, through ignorance, worries about malaria and the chances of relapses," he said, "will suffer more ill consequences than the man who understands that with proper care this disease is not of serious import from the standpoint of the patient's general health. This very knowledge will contribute considerably to the individual's well-being and fitness."

Families should not consider soldiers infected with malaria a menace to them or the community, provided the malaria sufferer is taking treatment or promptly obtains medical care when symptoms occur.

There are a number of types of malaria, but the two that concern American troops are benign tertian malaria, which is rarely a serious disease, and malignant tertian malaria, which without treatment may be fatal. The latter type is cured by atabrine so that it is not a problem when properly treated. The attacks of malaria which soldiers will suffer after return to this country will be due to benign tertian malaria. This is the one type which is of military significance to American troops.

The serviceman infected with benign tertian malaria can continue with his usual arduous combat duties as long as he takes the necessary small doses of atabrine. Benign malaria is rarely cured by atabrine. However, this drug suppresses the disease. When a man with benign malaria stops taking atabrine, the usual symptoms—chills, fever, headache, and nausea—may appear.

In the majority of cases the disease has run its course after a man has suffered a few relapses, and no permanent damage has been done. Out of 1,000 cases, about one third will have only one attack. There will be about 40 out of 1,000 who will suffer ten relapses, and only about one in 1,000 will have as many as 20 attacks. Relapses become less acute as time goes on.

When attacks do occur, the symptoms are rapidly relieved and all progress of the disease is quickly suppressed if the proper medical care is given the patient. In most cases this can be accomplished within 48 hours.

"As a result of prompt and efficient action," he said, "attacks of malaria by themselves cause only brief incapacitation and result in no permanent damage to the body."

General Kirk stressed the point that malaria can be spread only by the anopheles mosquito. Even if a man is infected, the anopheles mosquito cannot transmit the disease unless it has bitten the victim during a relapse and before medical treatment has been secured. In most parts of the United States there is little likelihood of this since mosquito control measures are adequate.

Infected individuals who are not taking regular suppressive medication are particularly subject to relapses if they engage in strenuous work, or if they suffer from exposure, or if they indulge in drinking to excess.

One phase of malaria treatment that causes concern to many victims is the yellow color the skin takes on as a result of using atabrine. This color is not due to jaundice or any other malfunctioning of the body. It is caused directly by the yellow color of atabrine which is deposited in the skin. The yellowness will disappear a few weeks after the use of the drug is discontinued.

Deaths due to malaria since the beginning of the war have been rare. They are nearly always associated with other diseases and with circumstances which cause delayed or inadequate treatment, Army records show. In the early stages of the Pacific war, malaria did more damage to American soldiers than Jap bullets—in disabling troops, but not in killing them.

* * *

AMERICAN TYPHUS COMMISSION MEDAL AWARD

Major Chris J. Zarafonetis, MC, of Grand Rapids, Mich., was awarded the medal because "he conducted investigations in the laboratory of the American Typhus Commission at Cairo, Egypt, during 1943-1944 which have increased the knowledge of immunity following vaccination against typhus. His researches contributed to development of improved methods of treating epidemic and scrub typhus. In July, 1944, he made a survey of plague and typhus at Dakar and assisted in reducing the risk of infection of American troops. He has participated in pioneering work of control in Yugoslavia. From December, 1944, to February, 1945, he alone represented the Commission in Greece, occupying a position of great responsibility in a military mission. Under the hardships of a civil war and at risks to his personal safety he carried out surveys and, in cooperation with local authority, formulated plans and procedures for typhus control. His service in Greece was an outstanding achievement."

* * *

"SULFA" IN WOUNDS DISCONTINUED

The Army's accumulated experience in wound management does not justify the local use of any chemical agent in a wound as an anti-bacterial agent, according to the Office of the Surgeon General. The local use of crystalline sulfonamides (sulfa powder) has therefore been discontinued except in case of serous cavities where its use, while permissible under the direction of the surgeon, is not recommended. This subject is covered by War Department Circular No. 160 as amended by W. D. Circular No. 176, 1945.

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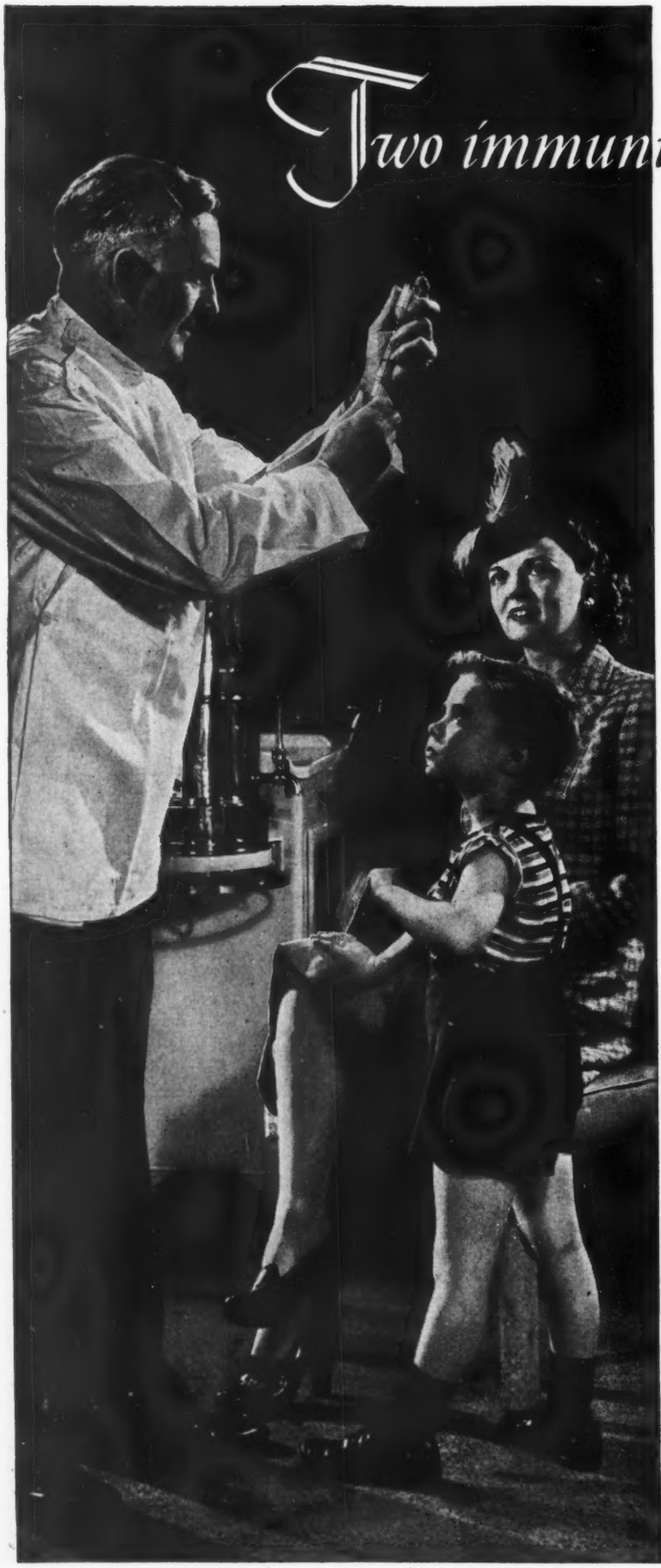

Two immunizations in one

YOUNGSTERS, as a rule, have no fear of their first few hypodermic injections. It is only after repeated visits to the doctor's office that their courage fails. To minimize the chance of creating fear of the hypodermic needle, physicians welcome a combined antigen. Hence, the appeal of Diphtheria Toxoid-Tetanus Toxoid Combined, Alum Precipitated. With half the number of injections, immunity is induced simultaneously for both diphtheria and tetanus. Jones and Moss clearly demonstrated that combining diphtheria and tetanus toxoids creates a specific immunity response equivalent to that obtained by the administration of the separate antigens. Diphtheria Toxoid-Tetanus Toxoid Combined, Alum Precipitated, bearing the Lilly Label is available through your usual source of medical supplies.

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Kidney Function in Essential Hypertension

By Emil M. Isberg, M.D.
Miami Beach, Florida
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Ann Arbor, Michigan

THE clinician who follows a case of hypertension must have an impression of the kidney status of his patient. Many practitioners follow this aspect of the hypertension complex merely by means of the urinalysis. We have wondered whether it could be assumed that the patient with hypertension, whose urine reveals no abnormalities, has unimpaired kidney function. At this hospital, clinical estimates of kidney function are based on the composite of three tests: (1) examination of the urine for protein, casts, and cells; (2) urea clearance test; and (3) maximal concentration test. The purpose of this study is to determine whether the latter two tests are necessary when the urine examination is negative.

Material Used

Two hundred cases were selected at random from a group whose hypertensive disease was of sufficient severity to warrant splanchnicectomy. Each was studied by several examiners, and in no case could a specific cause for the hypertension be found. Their ages ranged from sixteen to fifty-eight years. The lowest blood pressure in the group was 160/90 and the highest was 290/190. None showed any evidence of congestive heart failure.

From the Department of Internal Medicine, University of Michigan Medical School and the University Hospital, Ann Arbor.

Method of Investigation

The urine examination was carried out in the routine clinical laboratory manner. Amount of protein was recorded from slight trace to 4+. The number of red and white blood cells per high power field and the number and kind of casts per low power field in the centrifuged sediment were noted. One to six urinalyses were done on each of the cases.

Urea clearance was determined by the simplified technique of Van Slyke and Cope[8], and the values were reported in per cent of average normal. The originators of this test consider 75 to 125 per cent as normal range, 60 to 75 per cent as indicating slight impairment, 30 to 60 per cent as moderate impairment, and values below 30 per cent as marked impairment of renal function.

The concentration test used was a modification based on the principles of the Newburgh-Lashmet[5] concentration test. It is an eighteen-hour rather than a thirty-eight-hour test. The patient finishes his usual supper by 6:00 P.M., and then he has nothing to eat or drink until the test is completed at noon the following day. Urine specimens are voided at 8:00 A.M., 10:00 A.M., and 12:00 noon, with complete emptying of the bladder. The specific gravity of each is determined, and the most concentrated specimen is tested for the presence of protein. If protein is present, its amount is quantitatively determined, and the specific gravity is corrected according to the method described by Lashmet and Newburgh.[6] We assume a specific gravity of 1.025 or more as indicative of normal concentrating ability, 1.020 to 1.023 as slight im-

pairment, 1.013 to 1.019 as moderate impairment, and a specific gravity below 1.013 as marked impairment. The value of 1.025 was selected as the lower limit of normal for this

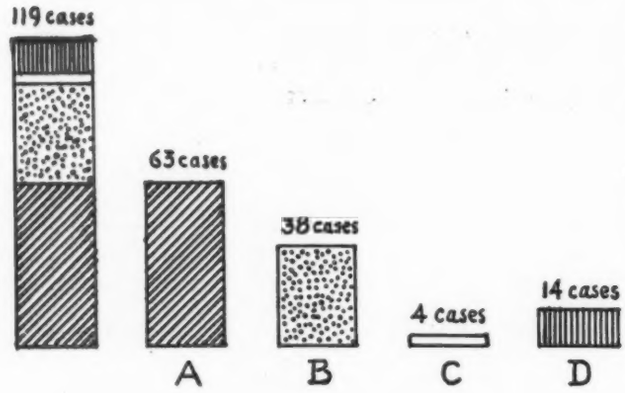

Fig. 1. Of 119 cases with normal urinalyses: (*A*) Sixty-three cases had normal concentration and normal urea clearance, (*B*) thirty-eight cases had impaired concentration but normal urea clearance, (*C*) four cases had impaired urea clearance but normal concentration, (*D*) fourteen cases had impaired concentration and impaired urea clearance.

short concentration test on the basis of results obtained from performing the test on 40 normal medical students. Thirty-seven of the normals had a maximum specific gravity of 1.025 or higher, two had a maximum concentration of 1.024, and one concentrated to 1.020.

A blood nonprotein nitrogen determination was obtained on each of the 200 patients studied, and in every case it was below 40 mgm. per cent. Thus none of the cases in this series had advanced kidney disease.

Results

1. Normal urine, normal concentration, and normal urea clearance: sixty-three cases, or 31.5 per cent of the series.

2. Abnormal concentration, but normal urine and urea clearance: thirty-eight cases, or 19 per cent of the series. Of these thirty-eight cases, twenty-one concentrated their urine between 1.020 and 1.022, sixteen concentrated between 1.013 and 1.019, and one concentrated to only 1.012.

3. Abnormal urea clearance, but normal urine and concentration: four cases, or 2 per cent of the series. One case showed slight impairment with a clearance of 67 per cent of average normal, and three cases showed moderate impairment with values between 30 per cent and 60 per cent.

4. Abnormal concentration and urea clearance, but normal urine: fourteen cases, or 7 per cent of the series. Five cases showed slight impairment of renal function with maximum specific gravities between 1.020 and 1.023 and clearance values between 60 per cent and 75 per cent. Nine cases revealed moderate impairment with specific gravities between 1.012 and 1.019 and clearance values between 30 per cent and 60 per cent.

5. Abnormal urine, but normal concentration and urea clearance: seven cases, or 3.5 per cent of the series.

6. Abnormal urine and urea clearance, but normal concentration: two cases, or 1 per cent of the series. Both cases showed slightly impaired clearance, between 60 per cent and 75 per cent.

7. Abnormal urine and concentration, but normal urea clearance: twenty-eight cases, or 14 per cent of the series.

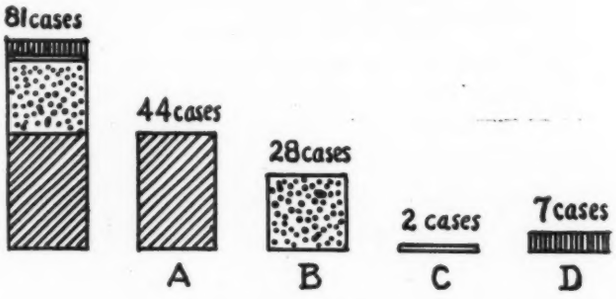

Fig. 2. Of eighty-one cases with abnormal urinalyses: (*A*) Forty-four cases had abnormal concentration and abnormal urea clearance, (*B*) twenty-eight cases had abnormal concentration but normal urea clearance, (*C*) two cases had abnormal urea clearance but normal concentration, (*D*) seven cases had normal concentration and normal urea clearance.

8. Abnormal urine, abnormal concentration, and abnormal urea clearance: forty-four cases, or 22 per cent of the series.

9. 124 cases, or 62 per cent revealed impaired concentrating ability; in eighty-one cases, or 40.5 per cent, the urine was abnormal; and sixty-four cases, or 32 per cent, demonstrated subnormal urea clearance.

Excretory pyelograms were obtained in 114 cases, and they were negative in 109. Five cases revealed minor abnormalities having no specific effect on blood pressure, such as congenital hypoplasia of one kidney, persistent dilatation of a middle calyx, and very slight hydronephrosis.

Discussion

From the foregoing results it is apparent that one cannot assume that kidney function is unim-

paired on the basis of normal urinalyses alone. In 28 per cent of the patients, renal function was impaired even though the urine revealed no abnormality upon routine examination.

The easily performed maximum-concentration test is the most sensitive of the gross tests of kidney function. Impaired concentrating ability was the sole abnormality in 19 per cent of the series, while impaired urea clearance occurred as the only abnormality in only two per cent and abnormal urinalyses occurred as the only abnormality in only 3.5 per cent. Freyberg[4], Ellis and Weiss[3], and Van Slyke[7] have previously pointed out that the test of choice is the concentration test, that the concentrating function of the tubules is apt to show damage when the filtering function of the glomeruli does not. But it must be remembered, as Van Slyke has demonstrated, that as renal damage progresses, the urine specific gravity soon reaches a fixed, bottom level of 1.009 to 1.012, and that one must use the urea clearance test to indicate changes in the more severe degrees of kidney damage.

The results of this study corroborate Van Slyke's[7] findings and statement that it is unnecessary to measure the urea clearance when concentrating ability is normal.

Corcoran and Page[2] have also shown that a decrease in maximum concentrating power occurs in most patients with hypertension months before urea clearance falls to abnormal values. They explain that this is due to intense efferent arteriolar vasoconstriction producing an increased filtration pressure which squeezes more urea through the glomeruli, and thus urea clearance may be maintained at a normal rate despite the decreased renal blood flow in the hypertensive.

We realize that the tests of the exact mechanisms involved in kidney function—such as the determinations of total effective renal blood flow, rate of glomerular filtration, maximal tubular excretory capacity, and maximal tubular reabsorptive capacity—are more accurate and will show impairment earlier than the tests used in this series. But they are time-consuming tests requiring technical assistance for their performance; at present their use is limited to special, experimental studies on patients. The clinician following a case of hypertension may safely rely on the combination of urinalysis and concentration test to render a fairly accurate picture of the patient's renal status.

Our finding of a 40.5 per cent incidence of proteinuria in 200 cases of essential hypertension is much greater than that of Brucer and Robinson.[1] They found albuminuria in 23.3 per cent of 343 hypertensive (150/90 and over) men, and in 25 per cent of 140 hypertensive women. The probable explanation of this difference is that the patients in our series had more advanced hypertensive disease. Each of our patients entered the hospital specifically for treatment of his hypertension; the elevated blood pressure was not a co-incidental finding.

Summary and Conclusion

Kidney function was studied in 200 cases of essential hypertension by means of urinalysis, maximum concentration test, and urea clearance.

Repeated negative urinalyses are not sufficient evidence to assume that kidney function is normal. In 28 per cent of the patients included in this study renal function was impaired even though the urine revealed no abnormalities upon routine examination.

The combination of normal maximum concentrating ability and normal urinalysis is a sufficient clinical indication of unimpaired renal function.

The concentration test is more sensitive than the urea clearance test in detecting early kidney damage in essential hypertension. Thirty-three per cent of the series showed impaired concentrating ability in the presence of normal urea clearance values, while in only 3 per cent was the concentrating ability adequate in the presence of subnormal urea clearance.

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Rehabilitation of the Blind

A Plan for the State of Michigan

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■ THE Federal Social Security Act of 1935 imposed upon the various states the duty of initiating and passing legislation making each state government the Federal Government's partner in the administration of social security. In such social security was included the care and, if possible, rehabilitation of the physically disabled citizens of those states. The Social Security Act includes a special provision for aid to the blind, and, in order to make this provision available to their blind citizens, most of the states shortly passed special laws bearing on that particular disability.

In Michigan, Public Law 113: Vocational Rehabilitation for the Blind is administered by the State Department of Social Welfare's Division of Services for the Blind. A significant provision newly introduced into the parent Federal law permits the states to obtain Federal funds for physical restoration of the handicapped, which is specifically differentiated from general medical care for ordinary acute illness, as well as long-term provision for chronic illness.

"Rehabilitation" thus comes to mean the treatment of static (i.e. relatively stable) conditions which competent medical authority believes can be cured entirely by proper therapy, or can be so ameliorated as to make the patient employable —in other words, an economic asset instead of a liability to his home state. The law permits hospitalization for no longer period than 90 days for any one disability. In the case of threatened blindness, however, treatment may be begun before the condition has progressed to an advanced stage, as, for example, in cases of glaucoma. This, of course, calls for competent medical opinion, which to be most effective must be sought early. Therefore, the Federal Office of Vocational Rehabilitation has committed its physical restoration section to officers assigned for this duty from the United States Public Health Service.

Individual states such as Michigan are thus able to seek aid from this high medical authority, while at the same time the Public Health Service is obliged to work in close co-operation with those members of the medical profession in those areas, who are connected with the Federal Office of Vocational Rehabilitation. Without such active co-operation between Federal, State and local agencies a true understanding of local conditions, and of the best ways to deal with the blind, or others physically handicapped who are affected by those conditions, could hardly be reached.

The National Advisory Committee for the Office of Vocational Rehabilitation includes representatives of various medical specialties concerned with physical rehabilitation. Ophthalmologists are, therefore, actively interested in the program, and are assisted in its carrying out by the National Committee for the Industrial Placement of the Blind. Within the program there is no provision for the establishment of special hospitals or centers where only blindness is to be treated. Rather, use is to be made of facilities already existing, and the medical and surgical attention necessary will be supplied by practitioners already established in the various states, whose pre-existing hospitals will serve—in most instances—for the special needs of the blind, or otherwise physically handicapped.

As each state may have problems in regard to its blind citizens which are peculiar to itself, it may be well to examine briefly how Michigan has heretofore cared for her blind, so as to estimate the changes and additions to her previous program it will be necessary for us to undertake. Through the kindness of the State Bureau of Social Security, I was able, in 1942, to make a survey of this work accomplished up to that date, and to place this information at the disposal not only of ophthalmologists and general practitioners of medicine, but of the general public as well. I will summarize the chief findings of this survey:

The figures presented are as of March 1, 1941, and are concerned with 2,131 persons living within the boundaries of the state at that time. Not included are

those 17-year-olds or under then being cared for at the State School for the Blind, nor blind people of any age in private or public institutions. Likewise omitted were those whose impaired vision was not their chief disability who were already receiving aid from the Old Age Assistance Bureau. The criterion of blindness was that vision in the better eye was below 20/200. No one fortunate enough not to need pecuniary aid was included.

The chief causes of blindness in Michigan were shown by this survey to be infectious diseases and traumatic or chemical injuries. Syphilis, both congenital and acquired, is responsible for much destruction of vision, being 30 per cent of all cases due to infectious disease. Regarding the ocular lesions resulting from the various causal factors, optic atrophy led with 396 cases, or 18.5 per cent, followed closely by cataract with 386 cases, or 18.1 per cent.

This résumé of conditions among Michigan's blind citizens shows how we stood in the spring of 1941. The events following December 7 of that year introduced a new element into the problem of aiding our blind neighbors. When our country was plunged into war in all sections of the globe we at once faced the necessity of considering what must be done for those Michigan service people who might be returned to their home state incapacitated by partial or complete loss of vision.

The Federal program for physical restoration in all types of incapacity specifically provides means for obtaining competent medical care and all other facilities—the best available—for overcoming visual handicaps. To obtain this aid, two basic requirements must be met:

1. Medical diagnosis, embracing general medical examination, and including whatever laboratory work may be deemed necessary; together with hospital facilities when needed, must be provided in every case, to constitute a factor in the determination of eligibility.

2. When the examining physician is of the opinion that a visually handicapped person requires special diagnosis and treatment, services shall be rendered by an ophthalmologist. Supplementing these requirements is the general recommendation that everyone applying for rehabilitation because of any type of visual handicap, be referred to a qualified ophthalmologist for examination and treatment.

Under the Federal program, physical restoration will likewise be available to blind persons who have disabilities other than visual. Take, for example, a man who has not only been blinded, but has also lost an arm or a leg. To become employable he will need an artificial limb. If he has been deafened as well as blinded, a hearing aid will be a prerequisite to rehabilitation, or a hernia operation may be needed. Those wounded on the battlefront, or in industrial explosions often stand in need of extensive plastic surgery, with artificial eyes or dental prostheses.

Quoting from an article recently published in *Hygeia,* it now appears

. . . that the Army will assume full responsibility for the social readjustment of the blinded personnel of both the Army and the Navy. This will be undertaken at the center ordered to be established at some point near both an Army and a Navy general hospital to which all eye patients and patients for plastic surgery will be assigned. As soon as this form of rehabilitation and all surgical care is completed, those classified as blind will be transferred to the Veterans' Administration for such vocational rehabilitation and retraining as present legislation will permit.

This will seem to take care of any blinded citizen of Michigan who could qualify for assistance from the Veterans' Administration. Though, as this article goes on to say, "It is impossible to obtain an accurate figure on the number of persons who have been reported as blinded in the war so far . . . it is the desire of the American people that those who lose their sight in the service of the country shall have the best medical and surgical care and every opportunity to be trained for normal civilian life."

The Army rehabilitation program was outlined in a paper by Brigadier General Charles C. Hillman of the U. S. Army, published in the *Journal of the American Medical Association* last June. For those whose eyes have suffered injury two hospitals have already been established, Dibbie General Hospital, Menlo Park, Calif., and Valley Forge General Hospital, Phoenixville, Pa.

Here programs of social rehabilitation are initiated and carried out simultaneously with medical and surgical treatment that may be required. To insure that blinded soldiers shall have the benefit of the most expert care at all times the War Department requires that each such casualty occurring in the United States or returned from overseas shall be reported to the Surgeon General, in whose office the case is followed until medical and surgical treatment and social rehabilitation are completed and the patient is transferred to the Veterans' Administration for vocational training.

The law specifically charges the Veterans' Administration with the vocational training of incapacitated discharged soldiers. So that those whose vision is markedly defective, or their sight entirely abolished, will become self-supporting with as little delay as possible, this training should be planned for, if not actually begun, before the blinded serviceman receives his discharge. General Hillman goes on to describe in detail what is planned for these blinded men as soon as they enter one of these special ophthalmic centers:

> At the hospital designated for the care of the blind, the soldier is taught how to dress and shave, and how to feed and care for himself. He is taught to use a typewriter, as this must now be a means of communication with his friends. He is taught how to write and how to tell the time of day with a Braille watch. The Talking Book (which is a set of records to be used upon a player which is provided) opens to him the world of literature even before he learns to read Braille. Radios, which are made available, offer much enjoyment. He is taught the Braille method of reading and writing, and those who enjoy reading are encouraged to extend their study of Braille. There, teachers whose eyes have not been injured, ensure neatness of dress and good posture. Occupational therapists teach them to use their hands, to develop new perceptual skills and manual dexterity, and thus assist in restoring confidence through useful work. When the patient has learned to go about readily, he is encouraged to enlarge his social contacts, visit the city, go to concerts and get about in the world among his friends. The Red Cross makes an important contribution also in developing the family's understanding of the problems of the blind. The family is advised concerning how it may assist the patient and encourage him to develop self-reliance.

Under a plan recently developed the responsibility of the Army has been extended, in so far as the blind are concerned, beyond the time usually allotted for adequate medical and surgical treatment. "Under this plan a center will be established adjacent to one of the special Army hospitals for the blind. Here blinded service personnel of the Army, Navy, and Marine Corps will be given further training in social adjustment for an average period of four to six months. During this time aptitudes and interests will be explored and tested in pre-vocational training."

This plan, for additional time and training in social adjustment—that is, to teach men how to live in the dark—was, no doubt, first suggested by the famous St. Dunstan's center for the blind, set up in England during the first world war, and maintained ever since. Thus when the present conflict began to take its terrible toll of ruined eyesight, the best that could be offered these unfortunates was already at their disposal. In this country, however, such a work could hardly have been carrid on for that length of time on an entirely voluntary basis of support. If such a plan is to be followed here it will have to be undertaken by the Federal Government—as indeed it has been—leaving to the various states the final disposal of their own blinded citizens, when the Federal authorities have equipped them with all the educational and material assistance within reach. It would seem that Michigan is now in a position to carry on the work.

Nevertheless I feel that we should take stock of the provision heretofore made for blinded civilians, and give careful consideration to what we can do for the returned veteran. He, too, is a civilian— or soon will be once again—so his problems are much the same as those of him who never went to war. It should be borne in mind, too, that many of the cases of loss of vision which develop during army life, are not the result of wounds. Relatively few cases of visual loss, either in or outside military life, are due to traumatic injury. Systemic diseases, syphilis in particular, may long before have done serious injury to the visual apparatus, which only became apparent under the unusual strain of wartime conditions. This is apt to happen in civil as well as military life, though it might be difficult to muster any exact statistics to bear out this statement. So, we must be prepared for an increase in the number of our blind, which carries with it the implication that we must bestir ourselves to seek better means of prevention and cure.

It is not by accident that I speak of "prevention and cure" rather than "rehabilitation." Far more blindness can be cured entirely or greatly alleviated than the general public, or even the medical profession, realizes. Many an ophthalmologist still in active practice has witnessed in his professional lifetime the enactment of such measures as the protection of the eyes of the newborn, the enforcement of safety regulations in dangerous trades, and various other legal steps, all of which have succeeded in greatly lowering the incidence of blindness.

The public generally has still much to learn about the necessity for *early* examination and treatment. Traumatic injury, because it is pain-

ful and spectacular, usually gets prompt attention. The average general practitioner is aware of the dangers to vision which the "children's diseases" bring in their train—mumps, measles, and scarlet fever—so that they have inaugurated a routine to guard against them. But the more insidious conditions, the intoxications and infections which enter without any fanfare, but working silently, in the course of time bring about widespread destruction, do not get the attention their seriousness abundantly merits.

So I think any program for dealing with Michigan's blind should include "sight-saving classes" in the public schools or elsewhere, and wider enforcement of our safety laws under all working conditions which may endanger the eyesight. I think the existing state laws should be revamped by competent ophthalmologic authority to make eye examinations of the potentially blind obligatory, before their conditions are so far advanced that little can be done for them.

It is easy to say this must be done, but such enforcement presents many difficulties, especially in large centers of population where the customs and inhibitions brought from older countries still prevail. The process of examination and diagnosis now in use might very well be overhauled and brought more up to date. Even if our laws are very good they can be made still better. It should be made easier for those living far from any large medical center to get competent advice, and if it is found to be necessary, *adequate* treatment, without being obligated to give up working time to travel long distances, undergoing expense and trouble for which the more ignorant can see no warrant.

In some communities a modern version of the old-time quack "eye doctor" who traveled in a covered wagon from town to town, has appeared in the traveling eye clinic, manned by competent ophthalmologists, with specially trained nurses and social workers. Its equipment and personnel are carried in a truck fitted out for the purpose, so that it can reach the most remote settlement. At present all this has been halted by the war, but when peace comes again we may hope for its resumption. Prevention is always better than cure, and early treatment which restores the full measure of vision is infinitely superior to "rehabilitation" no matter how well accomplished. But we are facing facts, not theories. Those who must be rehabilitated are with us *now*. It is the aim of the new Federal and State Co-operating program to extend rehabilitation services to every blind person who can possibly be restored to employment in the various fields where their interests and capabilities can take them. It aims likewise to extend knowledge of the great capabilities of blinded workers properly trained, so that employers and the general public will have greater confidence in them, and thereby widen their opportunities to become economically useful, and socially independent. To bring this about should be the aim of all who bear at heart the best interests of Michigan's blind citizens.

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MSMS

Ringworm of the Scalp Caused by Microsporon Audouini in Monroe County

By Hermann Pinkus, M.D.
Monroe, Michigan

■ Microsporon audouini (Gruby 1843) occupies a singular position among the fungi causing ringworm of the scalp. With the exception of Achorion schoenleini, the germ of favus, it is the only one which causes epidemics by contagion from person to person. Unlike favus, microsporia does not usually produce permanent baldness and scarring, but it is fully as stubborn. It is not amenable to routine antiseptic treatment, but necessitates in most cases temporary epilation of the entire scalp as a prerequisite for cure. It heals spontaneously only when the child grows up and puberty changes the reactivity of the scalp.

The first epidemic was observed in Paris by Sabouraud who rediscovered the organism and laid the foundation for diagnosis, control and treatment of microsporon ringworm fifty years ago. Later, many European cities, and New York and Chicago in this country experienced epidemics and have harbored the disease in endemic form for many years. Most epidemics were reported in large cities, or in institutions

where many children live in close contact. However, the villages of German Silesia are one example that small communities may harbor the disease. During three years spent at the University of Breslau, I had an opportunity to observe

Fig. 1.

the flaring of small epidemics in one or the other of the surrounding rural communities year after year.

Michigan was fortunate in not knowing this troublesome affection until a short time ago. Now, however, we have a fairly far advanced epidemic of microsporon ringworm in some cities, and in many places a starting one. Parents, teachers, and even many physicians are slowly and painfully learning the fact that this disease is different and requires different measures for cure and control. Again, larger cities furnish the majority of cases, but small communities are not spared, and the disease may get an unnoticed foothold there where the patients are less likely seen by an experienced physician. Monroe County is rural with the exception of the city of Monroe (app. 20,000), and most of the cases so far have occurred in small villages. It may not be amiss, therefore, to give a short account of the experiences which were made in this county during the last two years.

The first two cases, negro twins living in the town of Monroe, were sent to me by the school nurse on April 1, 1942. They presented the typical "gray patch" type of ringworm. Nummular areas of short gray hair stubs without signs of inflammation were present at the back of the scalps. Microscopic examination of the roots of the broken hairs showed them full of small round spores, and a culture on Sabouraud's maltose agar produced a fungus having the characteristics of M. audouini. Two other siblings out of a family of eight were found infected, and another colored boy of the same neighborhood had the disease. This was considered unusual because the prevalent microsporon in this part of the country is M. lanosum, an organism usually transferred from animals to man, and much more amenable to treatment.

The children were referred to the University Hospital in Ann Arbor, and Dr. Udo J. Wile had the kindness of acknowledging the rarity of the disease by stating that the collection of his laboratory did not have a culture of M. audouini at that time. The children were epilated by means of Roentgen rays at Ann Arbor, and subsequent applications of five per cent ammoniated mercury ointment and daily shampooing with tincture of green soap completed the cure. The Monroe County Health Department was notified, and the school nurse examined the children attending the same room, but no additional cases were found.

A family of three white children was referred by their local doctor from the small village of Willow in November, 1943. They offered similar clinical and microscopic findings, and M. audouini was recovered in culture. Because the home of this family was in Wayne County, the health department of that county was notified and arrangements for treatment were made with their cooperation.

The next case was a white boy from Carleton who was seen in March, 1944. He had a dime-sized patch of broken hairs on the back of the scalp, and Roentgen ray epilation of an area three cm. in diameter was done. This proved insufficient. The infection spread gradually in spite of intensive local treatment. General epilation was then advised, but the case was lost track of.

In July, a white boy was brought to me by relatives with whom he was visiting in the east end of the town of Monroe. The boy's home was in Detroit, and he returned there. Two weeks later another boy of the same general neighborhood was seen with rather extensive involvement of the scalp, and was referred to Ann Arbor.

Several other cases occurred during the summer at one of the cottage colonies along Lake Erie. A family from Carleton was seen in August.

The real trouble started after school had begun. Between Sptember 23 and November 3 twenty additional cases involving thirteen households were seen by me, and other physicians saw several more. These patients came from five distinct sources. Five children live in the east end of Monroe, three of these attend the same public school, one a parochial school, one is of preschool age. Eight patients (four families) came from Carleton, three from Flat Rock, and one from Rockwood. The last two communities are in Wayne County. Finally, three boys attend a boarding school in Monroe. One of these, according to the teacher, had the disease when he entered school last fall, coming from Detroit.

It appears then that the cases are not of uniform origin, although the fungi were identical in sixteen cases where cultures were made. In three separate instances, the disease was imported into the county from Detroit, in others the origin could not be traced. While it is likely that microsporon ringworm was brought into Michigan by wartime shifts of population, this source cannot be proven for Monroe County. All the cases were in resident families or in such visitors whose travels had no connection with the war.

In considering these cases, I wish to stress a few facts, not because they are new (they are not), but because they may be helpful in conquering the disease in this and other localities.

Clinic and Diagnosis.—The earliest noticeable lesion is a small slightly scaly spot with a few broken hairs. Inflammation, itching, or other discomfort are usually absent. Later, the typical gray patch covered with short broken hairs develops. Still later, particularly with local treatment, there may be regrowth of hair which partially hides the diseased area, but broken hairs and horny plugs in follicular openings persist. The diagnosis is confirmed by microscopic examination of diseased hairs softened in strong potassium hydroxide, and by recovery of M. audouini on Sabouraud's media. In recent years, filtered ultraviolet rays (so-called black light) have become the most valuable aid in early and speedy diagnosis. Hairs infected by microsporon show a bright green fluorescence which permits to pick out single infected hairs even before they are broken off. This is particularly valuable for quick examination of large numbers of children, and for the necessary checkup on treated cases. The method has two limitations which must be kept in mind. Other members of the microsporon family give similar fluorescence, but this is not so important under epidemic conditions. More important is the fact that even the filtered rays do not show up every infected hair. The fungi grow down into the follicular opening and invade the root of the hair first. It is only after some weeks of continued growth of the spore-filled hair that the fluorescent material appears on the surface. This is easily demonstrated by pulling out some seemingly normal hairs from the surroundings of an infected area: their roots will glow brightly in the filtered rays. It should be remembered that the diameter of an infected area is usually one or two cm. wider than the rays show, and that very early small areas do not show at all.

Localization.—The first lesions are most commonly found at the back of the head. This feature was not prominent in the German epidemics which I recall. It may be due, as has been pointed out by others, to rubbing of the head against upholstery in theaters and other public places. Infected hairs may be rubbed into the fabric and later be picked up by another occupant of the seat. Or the peculiar localization may point to the importance of infected barber tools as the electric clippers usually used on the back of the head cannot be sterilized properly.

Microsporon ringworm may affect the lanugo bearing skin of face and body. There, it forms small red circles with fine scales which sometimes glow under filtered ultraviolet rays. More often one finds a few fluorescent lanugo hairs in the center of the circle. The scales of these lesions contain an abundance of mycelia. Such lesions may occur in children with or without involvement of the scalp. I have seen them in at least two parents of affected children.

Age and Sex.—Children of all ages may be affected although the disease is most commonly encountered during the school age due to greater exposure. Microsporon ringworm usually subsides at puberty, but no definite age limit can be set. The oldest patient of my group is almost sixteen years old. Adults may be infected on the lanugo bearing skin. The number of boys

exceeds that of girls in the proportion of twenty-six to seven in my series. Two factors may be responsible. The boys may become infected in barber shops, and the long dense hair of girls may act as a natural protection preventing infectious particles from reaching the scalp.

Treatment.—Manual epilation and local antisepsis may be attempted if very small single lesions are present. Even so, the result is uncertain due to the insidious spread of the infection. Even the strongest antiseptics short of deep cauterization do not reach the growing root of the hair. The hair must be removed first. Epilation by Roentgen rays is the method of choice. It is painless. It removes all the hairs with their roots. It is safe if administered by an experienced specialist as the hair will grow back after six to eight weeks, and no permanent disfigurement will result. Most of the fungi are removed from the scalp within a period of a few days when the hair falls out fifteen to twenty days after the epilating dose was administered. The Roentgen rays affect the hair papillae in a way that they remain dormant for several weeks. During this interval, any remaining fungi have no chance of invading a growing hair. This gives us the time necessary to destroy surviving germs on the surface of the scalp by antiseptic applications. Tincture of iodine, or strong ammoniated mercury ointments in combination with daily shampoos are usually effective. Local treatment alone is usually sufficient for areas other than the scalp. Infected lanugo hairs may be pulled with forceps.

Preventive Measures.—Isolation of infected children until cure has been attained would be the most effective method. As complete isolation is not feasible the diseased children may be permitted in public, even in school, if their head is completely covered at all times by a sufficiently impervious cap. This of course is effective only if the children do not exchange caps which they are only too prone to do. Constant supervision of the younger ones and appeal to the intelligence of the older children are necessary. The wisdom of having healthy children wear caps is debatable. While it may offer some protection, the method becomes actually dangerous if the children swap caps. Moreover, it diminishes the value of the cap as a warning signal to keep at a distance from the wearer. Cleanliness at home and in public must be stressed. Children should have their own towels, combs and brushes.

All healthy contacts, whether of school age or younger, should be examined under filtered ultraviolet rays. This examination should be repeated at least every three weeks until the epidemic has subsided. Portable lamps of suitable type are on the market at reasonable prices, and health departments or school boards should not hesitate to invest in one. Treated children should be re-examined periodically while the hair grows back so that any recurrence may be recognized while small.

Microsporon ringworm is not a reportable disease in Michigan, but should be made one unless the present epidemic is stamped out in a short time. Meanwhile the public must be educated to be watchful and co-operative. Barber shops should be warned, and their methods of sterilizing instruments checked. Most parents co-operate easily enough, not a few tend to be overanxious and must be dissuaded from taking or demanding extreme measures which would disrupt school and community life. There are, however, always parents who are either neglectful or put more faith in the good neighbor's sulphur-and-lard or gunpowder-and-vinegar recipe than in the doctor's advice. Of course, it is no small decision for a mother to sacrifice the curls of a darling daughter, even temporarily. The pressure of public opinion is the only remedy in some cases.

I close with a plea to all concerned to get together in an effort to stamp out microsporon ringworm in Michigan. We are dealing here with a disease which has been known in all its phases for many years. It can be controlled with relatively small cost and effort if it is recognized, and if measures are taken before too large an epidemic has developed. All that is necessary is to be watchful, and to apply the often proved teachings of the experience of several decades.

MSMS

ENGLAND'S BIRTH RATE INCREASES

The London correspondent of *The Journal of the American Medical Association* reports in the July 28 issue that during five years of war, England's birth rate has been rising. Last year was the highest since 1925. Not only have more babies been born but fewer have died. The chance of a baby's being born dead was only three-fourths of what it was six years ago. Also, fewer mothers were being lost in childbirth. All the vital statistics for mothers and children are the best England has ever known.

Acute Appendicitis Occurring in the Hernial Sac of a Two and One-Half Weeks Old Child

By Clifford B. Loranger, M.D.
Detroit, Michigan

THE finding of an appendix vermiformis in a hernial sac is rather uncommon. Appendicitis in such an anomalous condition is even more rare.

The only case similar to the one herein described that I could find in the literature was one reported by B. M. Block and J. M. Waugh. Their case was a few days younger.

A. C. Wood in a study of three thousand fifty-four cases of hernia collected from the literature reported an incidence of herniated appendices of 1.57 per cent according to the above authors. L. F. Watson collected a series of five hundred twelve cases of herniated appendices in the literature of which two hundred sixty-seven were on inguinal hernias. In this group one hundred twenty-four had symptoms of appendicitis. Considering the probable embarrassment of circulation of the appendix in this condition it is remarkable that there is not a higher incidence of inflammation. The appendix may occupy inguinal hernias more often than these studies indicate because many hernial sacs are empty when inspected, the contents having been reduced before the sac was opened.

The symptoms of herniated appendix are mild and except in acute appendicitis the diagnosis is rarely made preoperatively.

Case Report

In this case when the child was first seen it was believed that the main trouble was dietary. There was no temperature. The child was somewhat dehydrated and vomiting, even water. The abdomen was soft and tenderness could not be elicited. There was a right inguinal hernia. Twenty-four hours later the condition was the same but the right scrotal sac was becoming red and swollen.

The next day the patient was noticeably in worse condition and was hospitalized. The bowels moved but the abdomen became distended and the temperature rose to 99.4°. The scrotum became larger and more inflamed. A diagnosis of partial intestinal obstruction seemed most plausible but torsion of the testicle or orchitis could not be excluded.

The child was operated upon November 9, 1943, with a low incision extending from above the inguinal ligament down on to the scrotum, under local anesthesia. The sac was isolated and found to extend into the scrotum. When opened an ounce or so of straw colored fluid escaped—a small loop of ileum was also found. It was injected and slightly dusky but definitely viable and it reduced easily. Behind this loop of bowel we encountered the appendix. It extended down into the scrotum and was adherent at its tip. When freed an acute inflammatory condition was found at the distal extremity.

The cecum could be drawn into the wound so an appendectomy was done. The sac was ligated and transfixed under the internal oblique. The hernia was repaired without transplanting the cord. Sulfathiazole crystals were placed in the wound which was closed. The wound opened on November 15, and discharged pus. The scrotum become more inflamed and fluctuation was elicited. On the 18th, 2 c.c. of fecal smelling fluid was aspirated from the scrotum—following this, recovery was uneventful. The patient was discharged from the hospital November 20.

This case is reported because it is unusual and because of the diagnostic problem presented. I wish to thank Drs. Glasgow and Jodar for their valuable consultation.

Now, approximately one year later, the child is in excellent condition and there is no recurrence of the hernia. The right testicle is very atropic about 0.5 cm. across, the other testicle is normal.

MSMS

FRONT LINE PSYCHIATRY EFFECTIVE

Approximately 90 per cent of combat exhaustion cases are returned to duty largely as a result of prompt detection of symptoms and skilled handling of the patient, it was announced by the commission of outstanding civilian psychiatrists which recently completed an 11-week survey of psychiatric conditions in the European Theater of Operations.

Members of the commission expressed their "greatest admiration for the courage, ingenuity and accomplishments" of their colleagues overseas working sometimes under fire and in the face of other serious handicaps and hazards.

Combat exhaustion cases, known as shell shock in the last war, and sometimes referred to as combat fatigue or operational fatigue, are being treated more successfully in this war because of the high quality of personnel in the field and better methods and techniques. Of the greatest importance is the fact that our psychiatrists are doing some of their most effective work right up near the front at the clearing stations.

Dr. Karl Menninger, a member of the commission and director of Menninger Clinic, Topeka, Kansas, pointed out that alert and understanding sergeants and lieutenants in the front lines are anticipating cases of combat exhaustion. Symptoms are increasing irritability, lack of interest in letters from home and in comrades, and general lassitude and moroseness. A man who has reached this stage but who has not yet come to the breaking point can usually be brought back to normal by prompt evacuation to rest camps for relief from stress of battle.

CONSTRUCTIVE PROGRAM FOR MEDICAL CARE

AMERICAN MEDICAL ASSOCIATION

This platform was adopted by the Council on Medical Service and Public Relations and the Board of Trustees of the American Medical Association on June 22, 1945.

Preamble

The physicians of the United States are interested in extending to all people in all communities the best possible medical care. The Constitution of the United States, the Bill of Rights and the "American Way of Life" are diametrically opposed to regimentation or any form of totalitarianism. According to available evidence in surveys, most of the American people are not interested in testing in the United States experiments in medical care which have already failed in regimented countries.

The physicians of the United States, through the American Medical Association, have stressed repeatedly the necessity for extending to all corners of this great country the availability of aids for diagnosis and treatment, so that dependency will be minimized and independence will be stimulated. American private enterprise has won and is winning the greatest war in the world's history. Private enterprise and initiative manifested through research may conquer cancer, arthritis and other as yet unconquered scourges of humankind. Science, as history well demonstrates, prospers best when free and unshackled.

Program

The physicians represented by the American Medical Association propose the following constructive program for the extension of improved health and medical care to all the people:

1. Sustained production leading to better living conditions with improved housing, nutrition and sanitation which are fundamental to good health; we support progressive action toward achieving these objectives:

2. An extended program of disease prevention with the development or extension of organizations for public health service so that every part of our country will have such service, as rapidly as adequate personnel can be trained.

3. Increased hospitalization insurance on a voluntary basis.

4. The development in or extension to all localities of voluntary sickness insurance plans and provision for the extension of these plans to the needy under the principles already established by the American Medical Association.

5. The provision of hospitalization and medical care to the indigent by local authorities under voluntary hospital and sickness insurance plans.

6. A survey of each state by qualified individuals and agencies to establish the need for additional medical care.

7. Federal aid to states where definite need is demonstrated, to be administered by the proper local agencies of the states involved with the help and advice of the medical profession.

8. Extension of information on these plans to all the people with recognition that such voluntary programs need not involve increased taxation.

9. A continuous survey of all voluntary plans for hospitalization and illness to determine their adequacy in meeting needs and maintaining continuous improvement in quality of medical service.

10. Discharge of physicians from the armed services as rapidly as is consistent with the war effort in order to facilitate redistribution and relocation of physicians in areas needing physicians.

11. Increased availability of medical education to young men and women to provide a greater number of physicians for rural areas.

12. Postponement of consideration of revolutionary changes while 60,000 medical men are in the service voluntarily and while 12,000,000 men and women are in uniform to preserve the American democratic system of government.

13. Adoption of federal legislation to provide for adjustments in draft regulation which will permit students to prepare for and continue the study of medicine.

14. Study of postwar medical personnel requirements with special reference to the needs of the veterans' hospitals, the regular army, navy and United States Public Health Service.

Fearless and United

In saying farewell as president of the Michigan State Medical Society, I look at the past to mirror the future. I see the officers, committeemen, and members of the Society working during the past twelve months as one united force to bring great tasks to fruition and to launch new endeavors. I realize how deeply indebted we all are to these laborers in the field of Medicine who have given of their valuable time, effort, and worldy goods to make their profession a better one for those who follow us. I shall always be sincerely grateful for the loyal and generous help these Men of Medicine gave me during my tenure.

The launching of new endeavors is a mark of progressive Michigan Medicine. Throughout the country, our State Medical Society has a reputation—honestly earned—as a pioneer. Others emulate our postgraduate program, our voluntary group medical care plan, our public relations project. More recent activities, such as the Medical Veterans' Readjustment Program, are being watched with interest. Our Society must continue on its course of experimentation for the benefit of the medical practitioner and the people he serves. This sailing of an uncharted and oft-perilous sea is but the penalty of leadership.

Great accomplishment marks the history of our Society, especially in recent years. This enviable past must mirror the future, particularly the immediate years ahead which carry the greatest hazards of our journey. No winds so strong or currents so swift that can harm the ship of Medicine if those on board remain fearless and work unitedly through the storm.

A. S. Brunk

President, Michigan State Medical Society

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Editorial

MEDICAL CARE PROGRAMS

BETTER distribution of medical care is still one of the foremost interests of the public, as indicated by the recent introduction of an augmented Wagner-Murray-Dingall Bill in Congress; by the criticism of the Veterans' Administration; by the proposals of the Children's Bureau that all maternity care should be covered by their services (Doctor Edwin F. Daily to the American Gynecological Society).

Comments in various medical Journals show that the medical world is conscious of the need to fill a demand that is increasing.

The *Nebraska State Medical Journal* says editorially (May, 1945):

"We have reached the stage where we must concentrate some of our efforts in the direction of better distribution of our services. The threat of sudden revolutionary changes imposed and controlled by political adventurers is a real challenge which can no longer be ignored. No sane physician can possibly escape the belief that the only way a deterioration of medicine can be averted is through sincere efforts toward broadening the distribution of medical service without negatively altering the quality thereof. And since the medical profession is the only group which is competent to appraise the quality of care, it obviously becomes its duty in its own behalf as well as in the interests of those whom it serves, to devise practical ways and means whereby the integrity of this important institution may survive."

The *Ohio State Medical Journal* editorially comments (June, 1945):

"Those who contend that the public wants regimented medical services haven't the proof for their conclusions. Nevertheless, the public is interested—very much so—in programs which will spread the risk and distribute the costs of medical care on a prepayment basis. The ultimate conclusion would appear that it wants the job handled through voluntary, unofficial programs under the direct guidance of the medical profession. The present attitude of the public is that it is willing to give the profession reasonable time to do the job but that it expects an early end to bickering and delay. In our opinion, the profession had better accept this challenge—and in a hurry."

Michigan has been urging for many months that action be taken leading to more complete availability and prepayment of medical services, and a few months ago appointed a Drafting Committee to devise some plan which could be integrated with a service for all the people, a plan that the whole profession could accept and be willing to sponsor. The first plans of the Committee were published as the leading article of our June JOURNAL. Some few of our Michigan physicians have differed with the majority, honestly, in the belief that a service organization could not work, and that an indemnity plan should be formulated. Ohio as a State has chosen this course, believing that the service plan is not feasible, and has formed an Indemnity Company, the stock of which it is trying to sell to the physicians ($105,000 capital, and $30,000 surplus). It issues preferred stock at $5.00 per share, and sells 1,000 shares of common stock to the State Medical Society for $7.00 per share.

The 1945 state legislatures of six states passed enabling acts for medical plans and one for a hospital plan. Thirty-three states now have enabling acts for non-profit voluntary hospital plans, and twenty states have medical enabling acts. This shows a recognition for need in the minds of the state legislators, and an intention to allow the profession to try working out its own solution to the public demand. With such legislative action there is opportunity for the state medical societies to add their efforts to those already trying to fill an insistent urge that will, unless satisfied, lead directly to political medicine.

NEW WAGNER-MURRAY-DINGELL PROPOSALS

THE LATEST form of the Wagner-Murray-Dingell Bills was introduced in Congress on May 24, 1945, as S. 1050. This is a revamped "Cradle to the Grave" social security bill, expanded to take in many social reforms that have been advocated by social workers. It is an American version of the British Beveridge plan. The contribution rates have been changed to 4 per cent from the employer and 4 per cent from the employe. Self-employed persons contribute 5 per cent up to an income of $3,600.

The *Globe-Democrat*, St. Louis, Mo., May 31, 1945, said:

"One of the most sinister provisions of the bill relates to the practice of medicine, which the New Dealers mask under the term 'Personal Health Service.' If carried to its logical conclusion it would destroy the medical profession as it exists today and would establish the Federal Government as the director of a national social insurance system consisting of prepaid personal health service. It would make the Federal Government the supervisor of the national health in which it would expend untold millions in the building of hospitals and health centers. . . . The government would hire doctors and establish rates of pay; establish fee schedules for services; determine the number of individuals for whom any physician may provide service; and determine arbitrarily what hospitals or clinics may provide services for patients."

When the bill was introduced Senator Wagner gave the press a release, a statement about the bills, but not the text which was available several days later. He stated "Health insurancy is *not* Socialized Medicine! it is *not* State Medicine." Ex-Senator Don H. Drukker of Passaic, N. J., in the *Herald-News,* June 9, 1945, takes issue with Senator Wagner:

"Certain doctors and dentists in each community would be designated by the Surgeon-General as the approved Federal practitioner for that area. No doctor could qualify as a specialist in any particular field save upon designation by the Surgeon-General. And no patient would be permitted to consult a specialist until the case had been "approved by a medical administrative officer appointed by the Surgeon-General."

This language, in a word, means that a patient, or a member of his family, would have to run to the Federal clinic to get permission to engage a heart or lung specialist—just as he now runs to his neighborhood ration board, hat in hand, to petition supinely for permission to buy the 20 pounds of canning sugar which, until a few days ago, might have been granted by a benevolent Government.

And all this, says Senator Wagner, is *not* Socialized Medicine, is *not* State Medicine.

Well, Senator, we have examined the text of your bill.

We think it *IS* Socialized Medicine.

We feel, further, that it is Socialized Medicine in a peculiarly obnoxious and demoralizing form.

We view it as a scheme to establish a medical bureaucracy throughout the Nation, to be dominated at length, perhaps, by a Health Master-General, just as the mails now are ruled by the Postmaster-General.

We believe that this program would lead, in due course, to an NHA, or National Health Agency, just as we now have a National Housing Authority, a WPB, OPA, WMC, OWI, and WSA.

We do not believe the American medical profession would stand still while being poured into one of these alphabetical strait jackets.

Nor do we believe the American people soon will embrace a new system of ration boards, to dispense health and welfare at a flat 4 per cent rake from the weekly pay check.

If the good right ear which we keep constantly to the ground does not deceive us, *American workers already feel that too large a chunk of their weekly pay is gone before they ever get a whack at it.*

Basically, Socialized Medicine is only a new approach to another payroll "take" by those public spenders who now feel the need for new worlds to conquer in the realm of spending other people's money."

ARMY DOCTORS

Out of 110,000 effective doctors in the United States 62,000 have been commissioned in the armed forces, and have served for up to and over four years. Younger men back home have been left behind in many instances, and have then been declared essential. The position and not the doctor in many instances is what should have been declared essential. But the situation left the men already in service carrying the whole burden of fighting the war. They have done a tremendously fine job, and now many of them are hoping to be returned home.

As soon as one of these doctors reaches the United States after two or more years overseas he should be promptly returned to his home to replace some of those who had been declared essential. That would be only simple justice. They have done their part in this war. But before being returned home everyone of them should be given at least one promotion, as a reward for a fine service well done. We know many who have served two and three years without promotion. The Medical Department of the Army only stimulates disaffection by neglecting such rewards.

ON THE RUN . . .

Early civilization arose in regions where the mean temperature of the year hovers around 70° F.

• • •

A helpful sign of nervousness is to be found in the irregularity of the respiration revealed in the tracing made during a basal metabolism determination.

• • •

Gastric emptying is distinctly delayed when 500 c.c. of blood is withdrawn from the human being.

• • •

In profound jaundice a positive guaic test is often obtained without ulceration or bleeding in the gastrointestinal tract.

• • •

It is possible to induce purulent otitis media through excessive manipulation in the ear canal.

Selected by W. S. Reveno, M.D.

Committee Reports

ANNUAL REPORT OF THE COUNCIL, 1944-45

The Council met three times and the Executive Committee met ten times (up to September 17, 1945), a total of thirteen meetings since last September's Annual Session of the State Society. All matters studied and recommendations made by the Society's twenty-eight Committees, as well as the Council's own committees, and all business of the Society were routinely referred to The Council or its Executive Committee for consideration, approval, and action.

Membership

Members of the State Society as of July 31 and as of December 31, from 1935 to 1945, are indicated in the following chart:

	1945	1944	1942	1940	1938	1935
July 31	4,425	4,615	4,553	4,401	3,958	3,410
December 31		4,702	4,714	4,527	4,205	3,653

The figures for 1945 include 3,218 active members, 56 Emeritus and Retired members, and 1,151 Military Members. Members in Military Service are accorded full membership privileges in the State Society and their dues are remitted.

Finances

The income of the Michigan State Medical Society has been further curtailed. As of July 31 there were 190 paid memberships less than of the same date in 1944. We now have 1,151 members in the armed services. In spite of this curtailment of funds, activities of the Society have been accelerated.

The ten dollar assessment for public relations has been judiciously managed, each dollar having purchased nearly two dollars' worth of services. A good example is our fortunate co-operation with the Michigan hospital superintendents, Michigan Medical Service, and Michigan Hospital Service to form the Michigan Health Council. These four organizations are banded together for the purpose of forwarding a most complete public relations program. Many pioneering projects that we were unable to consider can be executed through co-operation.

By resolution the House of Delegates levied a special assessment of five dollars for each member of the Michigan State Medical Society to procure the services of a counselor and advisor on postwar adjustments. This fund has been earmarked and segregated, and will be utilized as soon as our returning military members present the occasion to use it.

The over-all picture of cash on hand, total available cash, stocks, investments, war bonds, and foundation funds is a decidedly healthy one; this is attested to again by the Ernst & Ernst report. If he so desires, any interested member is urged to make a detailed study at the MSMS headquarters, 2020 Olds Tower, Lansing, Mich.

The Journal

During the past year several changes have been made in THE JOURNAL with a view to improving its value to the membership of the Michigan State Medical Society, and to such other readers who happen to peruse its pages. Beginning with its cover, an attempt has been made to produce an artistic effect which will be pleasing to the eye, assuming that an attractive book offers an appealing invitation to examine its contents.

The editorial policy has been a strong one, attempting to be informative and at the same time voicing the policies of organized medicine with respect to advancing trends. The medical profession of this State has definite ideas about medical economics and the distribution of medical care, and has done something concrete to supply the medical needs of the public in the way of prepaid service. THE JOURNAL has stated these policies and has offered them as a far better system of distribution than any so far offered by nationally controlled compulsory plans.

The amount of scientific reading matter has been kept to the same total as in former years and the quality of papers presented has been good. There are many men in Michigan capable of writing excellent medical literature and in the coming year they will be encouraged to submit their work to THE JOURNAL for publication.

Considerable change has taken place in the form of advertising matter accepted for inclusion in the columns of THE JOURNAL, and many pages now appear in color. Care is taken to assure the readers that all advertising is presented by reliable manufacturers of products of recognized value, and all material submitted by them is carefully examined for approval by the Publication Committee, or by the members of the Executive Committee of The Council. By careful attention to business management the funds received from the sale of advertising space has proved sufficient to cover cost of publication.

Members of the Michigan State Medical Society in military service have always been borne in mind and THE JOURNAL has been sent to them whenever their addresses have been known.

Wilfrid Haughey, M.D., has been reappointed Editor for another year. Through his untiring efforts THE JOURNAL has maintained a consistently high grade quality. He has been fearless and just in his editorial opinions, and he crusades always for a high type of service to the public and the maintenance of proper defense of the profession against unwise legislation.

Shortage of labor and materials have caused delays in publication at times, and for the immediate future there seems to be no means of correcting this annoying factor, but it is trusted all subscribers will bear with your committee until such time as conditions are different. In the meantime, every effort will be made to continue a high standard JOURNAL, one that will justify the confidence of its readers.

County Societies

Much praise is due to all county society officers and those members who are doing their utmost day by day to further advance the cause of organized medicine. True it is that the necessities of wartime practice are making their demands upon the time and efforts of all conscientious physicians. Many who have been deserving of rest have had to assume the rigors and obligations of busy practices and have been unable to allow themselves proper opportunities for relaxation and recuperation. Many of our friends and co-workers have become casualties of war time by giving their all to the point of exhaustion and have made the supreme sacrifice in so doing. But such is the price that must be paid if we are to continue to prove that the time-honored practice of medicine in our American way must continue. It is the duty of all our members to keep before the American people the adequacy of our medical care and thus demonstrate the falsity of the teachings of those who would take advantage of the present emergency to force upon this country some foreign type of Federalized Medicine.

In spite of the wartime difficulties which have caused limitations in the scope of some of the county society programs, still the various local societies on the whole have been able to conduct their meetings as well and have had as good meetings as at any time prior to the entrance of our country into war. It is very gratifying to note that in many cases programs have been given by the members of the local societies with most happy re-

sults, inasmuch as not only the society benefited from the papers given but members who have taken part in the programs have also gained by the preparation of such papers and reports. A few of our larger and active societies have held successful one day clinics. These clinics have been well attended and the speakers and the material presented have been most excellent.

We have been glad to welcome back to civilian practice a few of our military members who have been given their release from military service. We all appreciate the great sacrifice made by these men in leaving their established practices and their homes in order to better serve their country in its struggle with a strong and vicious enemy. It is the duty of each county society to do all in its power in enabling these returned members again to take up their life from which they became dislocated and we are sure that all county societies in our state are anxious to do so. Your Council has spent the past year in studying the various plans for the rehabilitation of these men and has developed a definite program which will do much to enable the veteran to re-establish himself.

Organization

F. H. Drummond, M.D., of Kawkawlin was appointed Councilor of the Tenth District during the past year to fill the vacancy caused by the resignation of R. C. Perkins, M.D., Bay City.

Organization in all component county medical societies, except one, continues to be good despite the restrictions of wartime travel, et cetera.

The County Secretaries' Conference of January 28, 1945, at the Book-Cadillac Hotel, Detroit, was another "School of Information." A large and interested group heard the presentation of topics important to Medicine by W. W. Bauer, M.D., Chicago, Paul D. Bagwell, East Lansing, John F. Hunt, Chicago, Joseph S. Lawrence, M.D., Washington, D. C., Edward F. Stegen, Chicago, and E. F. Sladek, M.D., Traverse City.

Eight Secretary's Letters were mailed during the year, three to all members of the Society and five to Presidents, Secretaries and Editors of County Medical Societies. In addition, 14 Legislative Bulletins were mailed from the MSMS Executive Office.

AMA Delegates—the usual meeting of the Executive Committee with Michigan Delegates to the AMA House of Delegates was held in June. A number of important economic and sociologic matters, which undoubtedly will be considered at the next meeting of the AMA, were discussed.

Detroit Public Relations Conference of April 27-28. This outstanding achievement in medical organization work is detailed in the Annual Report of the Special Committee on Radio, which initiated the idea to bring the executives of 16 eastern and mid-western state medical societies to Detroit to see the work of Michigan Medical Service, and to co-operate in plans for necessary medical legislation, and for better public relations through the use of the press and radio.

The Denver Public Relations Conference of June 28-29 was a replica, for 10 western states, of the Detroit meeting. As in April, the program of the June Conference was presented by MSMS officers by invitation.

Committees

Despite wartime restrictions on travel and demands on the time of MSMS committee members, most of the State Society committees continue to be very active. The oustanding progress and leadership of the Michigan State Medical Society is reflected in the work of our very active committees. We earnestly invite your consideration of the splendid annual reports of these productive groups, published both in THE JOURNAL and in the *Handbook for Delegates.*

Legislative Committee.—The year 1945 was a legislative year. The Legislative Committee was busy with 64 bills of interest to the practitioner of medicine. As indicated above, our 237 legislative keymen throughout the state were kept advised on developments through the weekly Legislative Bulletin. No proposed legislation that would have lowered high medical standards was enacted into law in 1945. Our special thanks goes to the Legislative Committee and particularly Chairman H. A. Miller, M.D., of Lansing for a successful year in 1945.

The Special Committee on Radio was one of the most active Committees during the past 10 months, contributing scores of hours to Michigan's pioneering experiment in utilizing commercial radio to present Medicine's story. A perusal of this Committee's Annual Report is invited to the special attention of every Delegate.

A Drafting Committee for National Legislation, to develop a concrete program setting forth what the medical profession desires in legislation along the socio-economic lines, was appointed by the Executive Committee of The Council in February 1945. The Outline, developed by the Drafting Panel, was approved by the Executive Committee in May and was sent to other state medical societies in order that a composite plan might be presented in the near future to Congress, through the AMA Council on Medical Service and Public Relations. The Drafting Panel's work represents one of the highlights in the accomplishments of the State Society during the past year.

The Cancer Committee, in co-operation with various civic organizations of Michigan, is developing a series of cancer detection clinics—a worthwhile effort in cancer control.

Scientific Work—The Committee on Scientific Work arranged an excellent program for the 1945 Annual Session in Detroit. However, the War Committee on Conventions has to date (July 10) not given approval to the holding of this Conference on Postgraduate War Medicine, so the work of the Committee has come to naught. If the session can be held, however, the quality of the program will merit much praise for the Committee, as in the past.

Postgraduate Medical Education—Despite wartime restrictions and limitations on manpower, travel, et cetera, the Committee on Postgraduate Medical Education continued this year to offer a high quality program in postgraduate work to Michigan physicians.

The Postgraduate Foundation Committee accomplished a monumental task during the past year in developing the "Michigan Foundation for Medical and Health Education." This Foundation will be incorporated after an organization meeting, to elect a Board of Trustees and to carry on routine business, is held in September. The Foundation will become the successor of the MSMS Foundation for Postgraduate Medical Education created by the Society in 1942. The Committee members merit great thanks for their sacrifice of many hours in working out the technical and legal details of this important project. *A recommendation on this subject follows.*

The Industrial Health Committee again sponsored a successful Postgraduate Industrial Conference in Detroit on April 5.

The Child Welfare Committee and the Heart and Degenerative Diseases Committee, with the co-operation of the Michigan Crippled Children Commission and its Director, Carlton Dean, M.D., developed a joint program on Rheumatic Fever Control which represents "another first for Michigan." This project to study and develop care and prevention projects includes case finding and diagnosis of rheumatic fever in persons in the indigent categories and those referred by their family physician for consultation. Nine diagnostic centers have been setup covering all areas of the State. The co-operation of all doctors of medicine in the State is urged in this effort to control a killer among children.

Contacts with Governmental Agencies

1. *The Committee on Physical Rehabilitation, and its advisory Committee on Uniform Fee Schedule for Governmental Agencies,* (committees of The Council) made a contribution to the profession that merits detailed explanation:

The Committee on Physical Rehabilitation was created by The Council on September 25, 1944, in Grand Rapids to act as advisors to the Vocational Rehabilitation Division of the State Board of Control for Vocational Education, State of Michigan. The Committee, composed of C. L. Hess, M.D., W. E. Barstow, M.D., Carleton Dean, M.D., R. S. Morrish, M.D., and E. F. Sladek, M.D., held four meetings: on October 22 and December 3, 1944, January 7 and January 25, 1945.

Details of the Federal Act, the Rules and Regulations, and the Manual of Policies governing the federal-state physical rehabilitation program were discussed in detail with representatives of the State Board of Control for Vocational Education and of the Michigan Social Welfare Commission at the first two meetings. The group to be covered under Public Law 113 of the 78th Congress includes:

1. Disabled individuals (persons unable to work because of their disability);
2. War disabled civilians—such as Civilian Defense, Aircraft Warning Service, Civil Air Patrol, etc.;
3. Civil employes of the United States—such as employes of OPA, et cetera—generally those not covered under U. S. Civil Service.

The State Vocational Rehabilitation Division encourages the physician-patient relationship, to achieve best results with the patient; its policy is based on economic need, the Division furnishing only necessary services beyond the financial ability of the patient to pay and where the services cannot be obtained elsewhere.

The Committee approved simple, short report forms, for use by the State Division; upon invitation, it aided the State to find a medical consultant and supervisor of the physical restoration program, in the persons of B. H. VanLeuven, M.D., formerly of Petoskey. It also recommended to the MSMS Council the development of a uniform fee schedule for all governmental agencies: the Committee recommended that the fees in this schedule be considered the minimal fee for the service named, subject to upward revision in unusual cases—these unusual cases to be reviewed by a special board of doctors of medicine; the Committee also recommended the creation of an advisory or sub-committee of five members, representing different areas of the state, to develop from data on hand and other data available this uniform medical and surgical fee schedule for governmental agencies.

The Committee expressed its thanks to Michigan Medical Service, its officers and its Fee Schedule Committee, for aid in developing from co-ordinated fee schedules, the uniform fee schedule. It also expressed appreciation for the co-operative attitude of H. Earle Correvont, Chief, and Miss Katharine Post, Medical Social Work Consultant, of the Vocational Rehabilitation Division, State Board of Control for Vocational Education, and Lynn G. Kellogg, Supervisor; and Magnolia Culver, Assistant, of the Michigan Social Welfare Commission.

The Committee has been of value not only to the State but to the medical profession and the people they serve in bringing forth a better understanding of medical problems in connection with the physical restoration program which portends to be of vast proportions and great consequence in the postwar era.

2. *Uniform Fee Schedule for Governmental Agencies*—At its February 1945 meeting, the Executive Committee of The Council adopted the following resolution: "In the light of modern conditions, changes, and trends, and the creation of new groups and categories—since in the past the medical profession has sold its commodity of service to governmental agencies at less than cost—that the minimal fee in the future shall be commensurate with the work done." This action followed a discussion that the time seems to be here to withdraw the philosophy of a special discount rate to government for care of indigents and that this ideology must be changed before the profession can insist on a uniform fee schedule for governmental wards.

Acting upon the recommendation of the Committee on Physical Rehabilitation, The Council appointed the Committee on Uniform Fee Schedule for Government Agencies, composed of R. L. Novy, M.D., A. B. Smith, M.D., C. E. Toshach, M.D., Frank Van Schoick, M.D., and E. R. Witwer, M.D. This Committee is actively engaged in the great task of formulating a uniform fee schedule for wards of government and indigents. Distribution of this prospective fee schedule has been made to all county societies and to all specialist societies; contacts will be made with all staffs of hospitals in order to obtain a representative uniform fee schedule for presentation to The Council and to the Society. The work at the time this report was written (June 10, 1945) is incomplete. *A recommendation on this subject follows.*

3. *The U. S. Veterans Administration* has for some time been circularizing hospitals with a form of contract entitled "Proposal for the Hospital or Sanatorium Care of Beneficiaries of the Veterans' Administration." The present edition of this proposal was revised in August, 1944, and is known as Supply Form 1269. In effect, it is an offer on the part of a hospital to furnish and sell to the Veterans' Administration not only hospital services, but medical and dental care, as well. Payment is to be made not to the physician or dentist, but directly to the contracting hospital. In the opinion of the general counsel, the agreement is one for medical practice by a hospital, and is clearly objectionable. *A recommendation on this subject follows.*

4. *Office of Veterans' Affairs*—At the request of this recently created department of state government, a Liaison Committee was appointed to work mutually for the benefit of returning veterans, including medical officers. An initial meeting of this Committee with Governor Harry F. Kelly, Colonel Philip C. Pack, and Major A. D. Alguire has already justified this liaison.

5. *Michigan Crippled Children Commission.* Splendid co-operation continues to exist between the Michigan Crippled Children Commission and the Michigan State Medical Society. The inauguration of the pioneering project in rheumatic fever control is a striking example.

6. *Sub-Committee to Investigate Aid to Physically Handicapped of Committee on Labor, U. S. House of Representatives*—Upon invitation, twenty representatives of the MSMS attended a hearing of this federal Sub-Committee, held in Detroit April 19-20, 1945. The medical viewpoint was presented during a full day's discussion of the physically handicapped in Michigan.

7. *Representatives of the United States Public Health Service* visited Detroit May 2, 1945, to study Michigan Medical Service. Officers of the MSMS met with the Washington representatives, to furnish them the medical viewpoint on Michigan's group medical care program.

8. *School of Occupational Health, Wayne University*—Raymond Hussey, M.D., Dean of this new School, outlined to the Executive Committee the pattern of his institution and sought the help of the medical profession in obaining a qualifying board for industrial physicians and in assuming control of the new field of occupational analysis.

9. *A Senate Committee of the Pennsylvania Legislature* heard in April the testimony of two MSMS representatives concerning Michigan Medical Service. Officers of the Medical Society of the State of Pennsylvania had called upon MSMS for help in defeating a bill offered by a Blue Cross Plan director in Pennsylvania which would have given control of medical service pro-

grams in that State to group hospitalization organizations. The Michigan representatives, President Brunk and Secretary Foster, certified to the harmony existing between Michigan Medical Service and Michigan Hospital Service in the administration of the health service program in Michigan, to prove that an efficient organization can be developed with the complete separation of medical care and hospital service.

10. *The Mackinac Island State Park Commission* presented to The Council a gavel, made from part of a log from the Early House, scene of Beaumont's original experiments on Mackinac Island. The "Beaumont Gavel" was used for the first time at the meeting of the Executive Committee of The Council, November 9, 1944.

11. *E.M.I.C.* Recommendations adopted by the Steering Committee on Health Services Advisory to the Children's Bureau, U. S. Department of Labor, adopted January 28, would give the Children's Bureau almost unlimited powers. It places the Bureau into the field of public health where it does not belong and places a large section of the practice of medicine under the domination of a lay-controlled bureau. The Council is strongly of the opinion that the war should not be used as an excuse for this Bureau to enlarge its powers or should the Bureau be allowed to increase its powers during wartime. *A recommendation on this subject follows.*

Contracts with Non-Governmental Agencies

1. *The Michigan Physicians' Committee* was organized in Detroit on October 11, 1944, with the assistance of the State Society officers. This is a branch of the National Physicians' Committee.

2. *American Association of Physicians and Surgeons,* Gary, Ind. The objectives of the AAPS were approved in principle by the Executive Committee of The Council on March 22, 1945. The work of the Michigan State Medical Society in seeking pledges of co-operation from its members against compulsory political medicine is identical to the aims and activities of the AAPS.

3. *Michigan Medical Service* reimbursed the Michigan State Medical Society for the original (1939-40) organizational expense in the total sum of $17,544.45, at The Council's annual session January 26, 1945. Michigan Medical Service has been in the black for many months, has over 800,000 subscribers, 21 branch offices, and cash on hand of over $1,200,000. It is the largest and most successful voluntary medical service plan in the world —and is run by the Michigan medical profession! *A recommendation on this subject follows.*

4. *The Michigan Health Council* is carrying on an excellent and very comprehensive program of public relations. It is living up to its slogan: "A non-governmental organization to advance the health of the people." Its printed program entitled "Better Care for the People of Michigan" is commended for perusal to all members of the Michigan State Medical Society.

Matters Referred to The Council by 1944 House of Delegates

1. *By the adoption of the Dibble Resolution,* the 1944 House of Delegates decided that, following the present emergency, steps be taken to clarify the status of osteopaths with particular reference to their practice of therapeutics. It was further concluded that, for the present, an approach to an eventual solution be made by studying Nebraska court decisions and the attitudes of medical societies in other states. The study of judicial decisions was in due course referred to our General Counsel who has been making an examination of the field of statutory and judicial law of a number of states with reference to the subject. Unfortunately, there is within the several states of the union a complete lack of uniformity in statutory law concerning the practice of osteopathy. Furthermore, the definition and limitations of osteopathic practice are in most statutes so vaguely prescribed that they require judicial interpretation. These court decisions are, of course, as varied as is the statutory language sought to be interpreted. It follows, therefore, that the cases require not only careful analysis, but will, in many instances, be of little value in a state having a statute employing a substantially different definition or description of osteopathic practice. Nevertheless, there is now in progress a study of legislation which bears a reasonable similarity to the laws of this state, as well as an examination and collection of judicial interpretations of such laws. The result of this research will be made available in the near future in more extended form for consideration as to postwar action by the Michigan State Medical Society.

2. *University of Michigan Hospital policy of reporting to certain practitioners*—A letter on this subject was addressed to the President of the University of Michigan who suggested that an MSMS Committee meet with University Hospital executives to discuss this matter. The meeting held June 21 in Ann Arbor, brought out the following: Approximately 20 cases per month are referred to the University Hospital by osteopaths, some being admitted to the hospital but more being handled as outpatients. A ruling exists on reports returned to referring osteopaths which indicates that the reports shall give the inclusive dates of the study of the patient, the diagnosis, the recommendation in general, but nothing pertaining to medication; all departments of the University Hospital are directed to be brief and terse in these reports and not descriptive. The University Hospital authorities believe there is a legal obligation to receive the patients of referring osteopaths because, in the language which designates qualifications for admission to the University Hospital, the words "referred by physicians" is not qualified.

3. *MSMS Medical Veterans' Readjustment Program.* This subject was discussed at every meeting of The Council and of the Executive Committee since the resolution to create the Readjustment Program was adopted by the House of Delegates last September. The development of the Program was referred to and discussed not only by the County Societies Committee of The Council but by a Special Committee created early in 1945.

When the House of Delegates met in 1944, the General impression was that the European war would end in just a few weeks and that the return of many medical veterans was imminent. V-E day did not arrive until May 1945, and present reports would indicate that the personnel of the medical corps will not be separated from service in large numbers for some period of time —perhaps several years. The Dean of the University of Michigan Medical School reported to the Executive Committee that according to recent statistics, a great many doctors will perhaps be needed in future years for the national services; the supposition is that 36,000 of the present 60,000 doctors in Military Service (47,000 in the Army and 13,000 in the Navy) may be utilized after the war's end in the following capacities: 5,000 in the USPHS, occupied territories and foreign educational institutions, 10,000 in the Veterans' Administration, 10,000 basic compliment for the standing army compulsory military training program, and 5,000 for the Navy, thus only 30,000 medical officers might be expected to return to civilian practice and the high point of demobilization might not take place until 1948 for the Army and 1950 for the Navy. In the immediate future, therefore, it would appear that the need for postgraduate work for returning medical veterans will not be great.

However, the greatest job awaiting the medical profession—when the bulk of medical officers do return—will be the furnishing of adequate postgraduate services. Two main groups will be serviced:

(a) The young Doctor of Medicine who has had his education interrupted or abbreviated;

(b) The older men who want refresher courses prior to return to practice or prior to entering a specialty.

In December 1944, President Brunk sent a letter to every Michigan medical man in military service asking him what he desired in postgraduate work, et cetera, upon his return from military service; the response to this communication was most gratifying and gave the State Society some definite information upon which to persue its studies.

A co-operative program of postgraduate activity is being worked out by the University of Michigan, Wayne University, Eloise Hospital, Kellogg Foundation, and Michigan State Medical Society; in addition, the Office of Veterans' Affairs, State of Michigan, is of valuable service to returning medical officers.

The Special Committee's program is to (a) make postgraduate plans; (b) to meet thereafter with officials of the Office of Veterans' Affairs who will attempt to secure sufficient funds to carry out the program; (c) to meet with the medical schools and teaching hospitals to discuss inauguration of additional postgraduate courses. The Executive Committee recommended to the Committee on Postgraduate Medical Education that it so arrange its program for medical veterans that the returning officer may receive credit from the American Boards.

The need for a full-time or part-time Counselor and Adviser was given extensive study; the Executive Committee feels that, for the present, the work of assisting medical veterans can be handled by the MSMS Executive Office and the Office of Veterans' Affairs, State of Michigan, working in co-operation.

The Council has segregated the funds of the Medical Veterans' Readjustment Program so that any expenditures of the income arising from the special $5.00 assessment shall be limited to the specific purposes outlined in the 1944 House of Delegates resolution. No part of this fund of $16,281.25 has been spent, to date (July 10, 1945).

A booklet of information for medical veterans is being drafted through the co-operative work of the Office of Veterans' Affairs, State of Michigan, and the MSMS Executive Office. It is to be noted that the MSMS Medical Veterans' Readjustment Program will serve a useful and worthy purpose in its proper time, and will fill in the gap of the state and federal programs, so far as returning medical veterans are concerned. The Program will be ready when our Military Members who are separated from service need it.

Miscellaneous

1. *Medical-legal.* Only one medical-legal case, inherited from the days when the Michigan State Medical Society offered medical-legal protection to its members, remains on the records of the Trustee. It is anticipated that this case will be adjudicated shortly, leaving the slate clear.

2. *Compulsory political medicine.* Two compulsory health insurance proposals were introduced into the Michigan Legislature in 1945. They were similar to a proposal sponsored in California by the CIO, which bill never came out of Committee; the same fate met the Michigan edition.

The serious threat of these proposals must be recognized by the doctors of this State. The medical profession must expand its own *voluntary* programs for more complete distribution of medical care—at once—or it may expect the possible imposition of a most objectionable program of compulsory political medicine in this state.

Pledge cards, indicating a united stand against political medicine, were forwarded on two occasions to all members of the MSMS during the past year. The results were not encouraging, approximately 1,700 out of the MSMS membership having been returned.

The Michigan Survey of Public Opinion indicated certain "pet peeves" of the people concerning flaws of the medical profession. (6.5% felt that doctors overcharge; 4.4% complained that physicians keep patients waiting; 1.7% are of the opinion that doctors lack interest in their patients; and 5.6% felt that doctors are dishonest). While the percentage was not high, the elimination of these complaints is the first responsibility of every individual practitioner of medicine and the medical profession as a whole.

In June, President Brunk forwarded letters to 1,400 leading industrialists, bankers, civic leaders, et cetera, of the United States, outlining the various attempts to socialize Medicine and seeking their advice and co-operation; he enclosed a reprint suggesting that a "National Health Congress" might be incorporated, to ban together doctors of medicine, dentists, hospital executives, pharmacists, et cetera, in a joint stand against compulsory political intrusion. The comments from these influential laymen were in the main encouraging, but proved that a great task faces the medical profession—*MUCH WORK MUST BE DONE.* The selling job of the medical profession must be done in the next 15 months, in advance of the time when adverse legislation might be introduced in our State. It can be done by daily action and unity of purpose. *A recommendation on this subject follows.*

Recommendations

The Council recommends:

1. That the members of the Michigan State Medical Society should consider themselves individually and collectively responsible for spreading beneficial information regarding Michigan Medical Service, whenever and wherever they can, since it represents a voluntary program created and maintained by the Michigan medical profession, and is to be preferred both by the people and by doctors of medicine to compulsory political schemes now being zealously advocated by *interested* laymen.

2. That the House of Delegates give favorable consideration to a resolution attesting the appreciation of the Michigan medical profession on the home front to those of its members who are serving in the armed forces.

3. That the Michigan medical profession unite as one behind the proposed uniform fee schedule for governmental agencies; that the House of Delegates urge individual members and county or district medical societies to make special efforts immediately to negotiate necessary revisions in schedules of benefits covering governmental wards so that individual members are not penalized by being forced to perform services at a financial loss and below the fees indicated in the uniform fee schedule for governmental agencies.

4. That the House of Delegates reaffirm its authorization to The Council either to levy a capital assessment or assessments, not to exceed a total of five dollars, or to increase the dues of the State Society for the calendar year 1946 by a sum not to exceed five dollars, in addition to the present annual dues, to meet the ordinary expenses of the Society as seems justified in The Council's considered opinion.

(It is noted that this request of The Council was granted by the House of Delegates in 1938-1939-1940-1941-1942-1943-1944 but was never invoked. The request for the five-dollar assessment is not to be confused with the ten-dollar assessment voted by the 1943 and 1944 House of Delegates for special public educational activity; no part of these ten-dollar assessments has been used for the *ordinary* expenses of the Michigan State Medical Society).

5. That, in connection with the Veterans' Administration, the best type of medical and surgical care is obtainable in the veterans' home community, given by his family doctor of medicine; it recommends the use of these facilities to the U. S. Veterans' Administration. It further recommends (a) that the Michigan State Medical Society voice to the American Medical Association its firm objection to the form of its present contract with hospitals, and suggest that an endeavor be made to have the Veterans' Administration modify the proposed contract so as to avoid the practice of medicine by a

hospital; (b) that the Michigan State Medical Society make known to the Michigan Hospital Association its serious objection to this type of contract; and (c) that the Michigan State Medical Society make clear to the doctors of medicine of this State, through proper publicity, its position with respect to the proposed Veterans' Administration contract.

6. That the House of Delegates consider a resolution instructing that a letter be sent to every U. S. Senator and Congressman from Michigan asking that the U. S. Children's Bureau be given no appropriation for new or expanded services.

7. That the individual members of the House of Delegates encourage other doctors of medicine, as well as laymen interested in sound medical service and education, to contribute during life and in their last wills to the Michigan Foundation for Medical and Health Education.

8. That every individual Doctor of Medicine in Michigan strongly oppose all attempts leading to a complete compulsory sickness insurance program organized and maintained by government (as proposed in the Wagner-Murray-Dingell Bill of 1945); that they fight in a *positive way* to defeat such schemes by (a) eliminating any flaws that may result in complaints on the part of patients; (b) encouraging Michigan Medical Service, the voluntary program sponsored and operated by the Michigan medical profession itself—the greatest and most successful group medical care plan in the world; (c) by working with patients and the people generally, especially those in political office, to explain the benefits of a present system based on the time-tried private practice of medicine and the preservation of the physician-patient relationship which has made American Medicine the greatest in the world. Let's keep it that way!

Respectfully submitted,

E. F. SLADEK, M.D., *Chairman*
O. O. BECK, M.D., *Vice Chairman*
R. S. MORRISH, M.D., *Chairman, Publication Committee*
O. D. STRYKER, M.D., *Chairman, County Societies Committee*
C. E. UMPHREY, M.D., *Chairman, Finance Committee*
PHILLIP A. RILEY, M.D.
WILFRID HAUGHEY, M.D.
R. J. HUBBELL, M.D.
A. B. SMITH, M.D.
T. E. DEGURSE, M.D.
W. E. BARSTOW, M.D.
F. H. DRUMMOND, M.D.
A. H. MILLER, M.D.
W. H. HURON, M.D.
DEAN W. MYERS, M.D.
E. R. WITWER, M.D.
P. L. LEDWIDGE, M.D., *Speaker*
A. S. BRUNK, M.D., *President*
L. FERNALD FOSTER, M.D., *Secretary*
WM. A. HYLAND, M.D., *Treasurer*

ANNUAL REPORT OF THE RADIO COMMITTEE, 1944-45

The radio program of the Michigan State Medical Society for the year 1944-45 continued without change following the program for the year 1943-44. The broadcasts were given over station WJR on Thursday evenings at 11:30. The report for the year 1943-44 included the broadcasts through July 27, 1944. The following speakers and subjects comprised the program from August, 1944, through February, 1945, when the program was discontinued.

August 3—H. Marvin Pollard, M.D., Assistant Professor of Internal Medicine in the University of Michigan Medical School: Chronic Indigestion.
August 10—Jacob D. Brook, M.D., Health Officer, Kent County Health Department, Grand Rapids, Michigan: What a Health Department Does.
August 17—Claude C. Cody, M.D., Instructor in Otolaryngology in the University of Michigan Medical School: Sinusitis.
August 24—Harold F. Falls, M.D., Assistant Professor of Ophthalmology in the University of Michigan Medical School: Common Eye Complications in Childhood.
August 31—Henry J. Lange, M.D., Instructor in Surgery in the University of Michigan Medical School: Cancer.
September 7—Sture Johnson, M.D., Assistant Professor of Dermatology and Syphilology in the University of Michigan Medical School: Plant Dermatitis.
September 21—Ferdinand Gaensbauer, M.D., Obstetrician and Gynecologist, Pontiac, Michigan: The Nutritional Aspects of Pregnancy.
September 28—Albert C. Furstenberg, M.D., Dean of the University of Michigan Medical School: Impact of War Upon the Medical Profession.
October 5—Jerome W. Conn, M.D., Associate Professor of Internal Medicine in the University of Michigan Medical School: Fat People and How They Get That Way.
October 12—Samuel W. Donaldson, D.D., Roentgenologist, St. Joseph's Mercy Hospital, Ann Arbor: The Role of X-rays in Emergency Cases.
October 19—Julius M. Wallner, M.D., Assistant Professor of Psychiatry in the University of Michigan Medical School: The Patient.
October 26—James H. Maxwell, M.D., Associate Professor of Otolaryngology in the University of Michigan Medical School: Deafness.
November 2—Otto K. Engelke, M.D., Health Officer, Washtenaw County Health Department, Ann Arbor: The Role of the Parent in the Control of the Dangerous Contagious Diseases.
November 9—Gordon K. Moe, M.D., Assistant Professor of Pharmacology in the University of Michigan Medical School. Recent Advances in the Treatment of Thyroid Disease.
November 16—Miss Rhoda F. Reddig, Professor of Nursing and Director of the University of Michigan School of Nursing: Some Answers to Questions Concerning Nursing.
November 30—Carl A. Moyer, M.D., Director of Surgery at the William J. Seymour Hospital, Eloise, Michigan: The Dog and Modern Medicine.
December 7—Herman H. Riecker, M.D., Assistant in Postgraduate Medicine in the University of Michigan: The Prevention of Heart Disease in Middle Life.
December 14—Paul S. Barker, M.D., Associate Professor of Internal Medicine in the University of Michigan Medical School: Recent Advances in the Care of Heart Disease.
December 21—Joseph G. Molner, M.D., Deputy Commissioner and Medical Director, City of Detroit Department of Health, and Assistant Professor of Preventive Medicine and Public Health in the Wayne University College of Medicine: Protection of Children Against Disease.
December 28—Loren W. Shaffer, M.D., Director of Social Hygiene Division, City of Detroit Department of Health, and Professor of Dermatology and Syphilology in the Wayne University College of Medicine: The National Program for Venereal Disease Control.
January 4—Robert L. Novy, M.D., Professor of Clinical Medicine in the Wayne University College of Medicine and President of the Michigan Medical Service: Prepaid Medical Care for the People of Michigan.
January 11—Ralph H. Pino, M.D., Assistant Professor of Clinical Ophthalmology in the Wayne University College of Medicine and Editor of the *Detroit Medical News*: Exploring the Medical Frontiers.
January 18—Bruce H. Douglas, M.D., Commissioner, City of Detroit Department of Health and Professor of Preventive Medicine and Public Health at the Wayne University College of Medicine: Health on the Home Front.
January 25—Marvin Schwartz, M.D., Instructor in Medicine in the Wayne University College of Medicine: The Diabetic and His Problems.
February 1—Frank H. Bethel, M.D., Associate Professor of Internal Medicine in the University of Michigan Medical School and Assistant Director of the Simpson Memorial Institute: Fatigue and Anemia.
February 8—Charles W. Newton, Jr., M.D., Instructor in Obstetrics and Gynecology in the University of Michigan Medical School: Your Care During Pregnancy.
February 15—William D. Robinson, M.D., Assistant Professor of Internal Medicine in the University of Michigan Medical School, in Charge of the Rackham Arthritis Research Unit: Your Food and Your Health.
February 22—Isadore Lampe, M. D., Associate Professor of Roentgenology in the University of Michigan School: The Value of X-rays and Radium in Non-Cancerous Disease.

It is felt by the members of the Radio Committee of the Michigan State Medical Society that the committee has served its purpose. The program has been carried out with some difficulties. Inasmuch as the period donated by Station WJR it was of necessity at an undesirable time. This was regretted by the members of the committee both because of the fact that at the late hour there were few listeners throughout the State of Michigan and also because of the fact that it seemed to be an imposition to ask speakers to participate at such a late hour. In our report of last year we suggested that a permanent committee centering in the cen-

tral office of the Society could most effectively arrange the radio program and we also suggested that the Society obtain a permanent radio hour, possibly paid for through appropriations from the Society, so that the broadcasts could be continued throughout the year on a perennial or perpetual basis. The Michigan State Medical Society now has a regular weekly program, paid for by the Society. This is at a very desirable hour, at 7:15 p.m., Friday, and over a station with a wide broadcasting range. This program is now being participated in by the officers of the Michigan State Medical Society and the leaders in the profession in the State of Michigan. Radio broadcasting, it seems, is a function of either the Public Relations Committee or the Preventive Medicine Committee of the Michigan State Medical Society and for that reason it is felt that the broadcasting should continue to issue from the central office of the Society rather than from a committee made up of individual members, the personnel of which changes from year to year.

Respectfully submitted,

RUSSELL N. DEJONG, M.D., *Chairman*
EVERT W. MEREDITH, M.D.
WM. HAMILTON, M.D.
J. H. MCMILLIN, M.D.
G. M. WALDIE, M.D.
FRANK WEISER, M.D.

ANNUAL REPORT OF SPECIAL COMMITTEE ON RADIO, 1944-1945

Some twenty-six meetings of the Special Committee on Radio were held since the 1944 Annual Session of the Michigan State Medical Society; at least three to four hours' deliberation was required at every meeting of the Committee, with additional special conferences on Sundays, making a total of approximately 100 hours' work—or twelve and one-half work days of eight hours each!

The Committee concluded Series No. I on October 21, 1944. This program broadcast over twelve stations of the Michigan radio network, consisted of thirty-two five-minute dramatic episodes.

Series No. II of "American Medicine" was developed, after much thought and many conferences. It began February 16, 1945, and represented twenty fifteen-minute broadcasts over Radio Station WJR, the most powerful station in Michigan. It consisted of a program of song and music and a message from the family doctor. The broadcasts were given every Friday evening at 7:15 p.m. EWT and were "live," not transcribed. A story contest, inaugurated as one of the features in the WJR presentations, also represented much time on the part of members of the Special Committee on Radio in reading the many letters of the contestants. The second series in the MSMS commercial radio program ended July 6.

Detroit Public Relations-Radio Conference

In order to bring the story of Michigan's medical public relations experience to the executives of the more populous states in the east and middle-west, the Special Committee on Radio, with the gracious approval of the Executive Committee of The Council, invited (through a telephone conference on April 5) the presidents of seventeen state medical societies to attend a Public Relations-Radio Conference in Detroit on April 27-28. All seventeen presidents, together with other officers of the following medical societies, were present: Connecticut, Delaware, Illinois, Indiana, Iowa, Kentucky, Massachusetts, Michigan, Minnesota, Nebraska, New Jersey, New York, Ohio, Pennsylvania, Rhode Island, Wisconsin and the District of Columbia.

The Detroit Conference was an outstanding success and resulted in an enthusiastic response from the medical society officials present at the two-day meeting. Not only was the commercial radio program of the Michigan State Medical Society presented, but also the need for creation of Drafting Panels to prepare necessary medical legislation, and a complete exposition and tour of Michigan Medical Service. The 17 presidents went on record as approving an immediate expansion of commercial broadcasting by the medical profession, and the creation of Drafting Panels in all states for purpose of presenting recommendations for necessary medical legislation to Congress, through the AMA Council on Medical Service and Public Relations.

A working Committee of seven presidents was authorized by the Conference. This group met in Buffalo May 24 to draw up specific recommendations for presentation to the executive bodies of the states represented at the Detroit Public Relations Conference.

The Chairman of this Committee went to Boston, at the invitation of the Massachusetts Medical Society, and addressed the Council together with the presidents and secretaries of component county medical societies of that state in May. He also attended a conference in New York of the Executive Committee of the Medical Society of the State of New York; also upon invitation, a meeting of executives of the New York County Medical Society and heads from the five Boroughs in New York City. The value of greater public relations by the medical profession was thoroughly explored.

Denver Public Relations Conference. At the invitation of executives of western states medical societies, representatives of the Michigan State Medical Society attended the Denver Conference of June 28-29. The Michigan men were invited to outline and explain the progressive activities of Michigan State Medical Society.

Series No. III of the MSMS radio program was studied by the Special Committee on Radio which referred its data to the Executive Committee of The Council, for final action.

The individual members of the Special Committee on radio had no concept of the time they would have to spend in working out the many details presented to this Committee. It has been a labor of love trying to sell the medical profession on a necessary idea which we are afraid some may appreciate and arrive at too late.

The Special Committee on Radio wishes to express sincere thanks to the members of The Council and its Executive Committee for encouragement and help in its projects of the last ten months.

The Committee also is grateful to the doctors of medicine who at great inconvenience of time and effort visited Detroit to carry the message of a "family doctor" in Series II of the MSMS radio program. These doctors were: W. E. Barstow, M.D., St. Louis; O. O. Beck, M.D., Birmingham; A. S. Brunk, M.D., Detroit; C. L. Candler, M.D., Detroit; T. E. DeGurse, M.D., Marine City; F. H. Drummond, M.D., Kawkawlin; L. Fernald Foster, M.D., Bay City; Wilfrid Haughey, M.D., Battle Creek; L. J. Hirschman, M.D., Detroit, R. J. Hubbell, M.D., Kalamazoo; Wm. A. Hyland, M.D., Grand Rapids; S. W. Insley, M.D., Detroit; P. L. Ledwidge, M.D., Detroit; H. A. Luce, M.D., Detroit; H. A. Miller, M.D., Lansing; R. S. Morrish, M.D., Flint; D. W. Myers, M.D., Ann Arbor; J. M. Robb, M.D., Detroit; E. F. Sladek, M.D., Traverse City; O. D. Stryker, M.D., Fremont; C. E. Umphrey, M.D., Detroit; and E. R. Witwer, M.D., Detroit.

The Committee thanks, with sincerity, Mr. C. H. Chapman of the Chapman Agency, Detroit, which handled the technical details of this project. Mr. Chapman injected much of his own boundless enthusiasm and energy into the MSMS radio program, far more than could have been expected from the small commercial interest of this account. We appreciate the personal concern and constant help—greatly surpassing the routine of service—which Mr. Chapman gave our Committee and the medical profession of the State of Michigan.

The Chairman expresses his true appreciation for the ever-present advice of President Brunk and the literary

aid of Speaker Ledwidge in editing scripts. No Chairman was ever blessed with better committee members!

The Special Committee on Radio has attempted to bring the message of Medicine to the millions in Michigan and near-by states which listen to Radio Station WJR. It has stressed the value to the people of the time-tried method of private practice to medicine and the physician-patient relationship which have made American Medicine the greatest in the world. "Let's Keep It That Way" has ended the doctor's message every week.

Respectfully submitted,

C. L. CANDLER, M.D., *Chairman*
A. S. BRUNK, M.D.
P. L. LEDWIDGE, M.D.

ANNUAL REPORT OF THE POSTGRADUATE FOUNDATION COMMITTEE, 1944-1945

Two meetings of the Postgraduate Foundation Committee were held during the year, one in December, 1944, at Ann Arbor, attended by Earl I. Carr, M.D., Frederick B. Miner, M.D., J. Milton Robb, M.D., Rollin H. Stevens, M.D., and James D. Bruce, M.D.; and one in Lansing at Dr. Carr's office, in May, 1945, with Drs. Carr, Burton R. Corbus, and Bruce present.

At the December meeting the very extensive correspondence between the members and the chairman was thoroughly reviewed and the objections, raised principally by Dr. Carr and Dr. Miner to the Original Trust Agreement presented by The Council, unanimously sustained. A revision of the Agreement or a new instrument was deemed necessary for the changes which seemed necessary to attain The Council's objective.

Since the chairman was to be out of the State for several months, Dr. Carr was named acting chairman and undertook to assemble the views presented by the committee into a new instrument for the consideration of The Council. Inasmuch as the changes in the Trust Agreement constitute the committee's most important contribution for the current year, I am taking the liberty to request that Dr. Carr present the report from the December, 1944, meeting to date.

With this request to Dr. Carr goes the committee's deep sense of obligation for a fine contribution in an area in which its members are deeply interested. Also, may I express the appreciation of the committee for the contributions of Dr. Miner and our profound regret at his untimely passing.

Respectfully submitted,

JAMES D. BRUCE, M.D., *Chairman*

* * *

The culmination of the work by the Postgraduate Foundation Committee is the completion and approval of the Articles of Incorporation and of the By-Laws and the readiness for the organization meeting incorporating the *Michigan Foundation for Medical and Health Education*. The activities, in brief, of the committee for this year follow:

On December 14, 1944, the Postgraduate Foundation Committee met with the Executive Committee of The Council and proposed plans for a Michigan Foundation. The Committee was instructed to continue its work, to employ legal counsel, and to report to The Council of MSMS at its annual meeting in January.

Trust company officials, lawyers and various financiers were consulted and Articles of Incorporation were sketched and tentative By-Laws were drawn up. These were presented to The Council on January 25 and the Committee's work on the Articles of Incorporation was approved by The Council after a thorough presentation and discussion. The purposes which appear in the Articles of Incorporation are:

> "To acquire, provide, use, develop, endow and finance methods, means and facilities for Postgraduate education in medicine, for education in medicine, for lay health education in medicine, and for research, fellowships and scholarships, all in such manner as the Trustees shall determine. This corporation is organized and shall be operated exclusively for benevolent, scientific and educational purposes and its property shall be used by it solely for the purposes for which it is incorporated."

After general and special consideration and study, the following was determined by The Council as a part of the By-Laws:

> "Membership shall be composed of The Council of MSMS, the six members of the Postgraduate Foundation Committee, the elected Board of Trustees of this corporation, and others elected to membership by the members. The Board of Trustees shall be composed of six physicians and three laymen selected from within or from without the membership and wholly with regard to qualifications in administration, business and finance and for special interest and knowledge in the needs and purposes of this corporation."

This structure, then, provides a membership of the corporation synonomous to stockholders and similar to the *Michigan Medical Service* corporation setup.

The Postgraduate Foundation Committee was instructed to appear before the Executive Committee of The Council in February and present the finished Articles of Incorporation, as corrected and amended, and legally prepared By-Laws.

This report was continued at the May meeting of the Executive Committee.

There now remains the incorporation of the Foundation which the Executive Committee voted at its May meeting to take place in September at the time of The Council meeting. Legal approval of the work of this committee has been given to The Council in the language of the minutes of the meeting on June 13, 1945, of the Executive Committee of The Council: "General Counsel reported that the Articles of Incorporation and the By-Laws of the 'Michigan Foundation for Medical and Health Education' were in good legal form and presented a workable program."

The salient points of the *Michigan Foundation for Medical and Health Education* are to be discerned in the purposes of the organization and in the selection at the organization meeting of an able and cognizant Board of Trustees. We will look to them for judgment, planning, growth, and development of finance and administration but the State Society will continue to direct academic programs as in the past. The creation of a sound and legal medical foundation which should meet the approval of potential donors and their lawyers and trust companies is no longer a chimera but is, today, a reality, pending proper actions of an organization meeting and the filing with the State of Michigan of prepared documents herewith attached. For convenience and easy inspection, a synopsis is also attached.

Respectfully submitted,

E. I. CARR, M.D., *Acting Chairman*
JAMES D. BRUCE, M.D., *Chairman*
BURTON R. CORBUS, M.D.
FREDERICK B. MINER, M.D., (*deceased*)
J. MILTON ROBB, M.D.
ROLLIN H. STEVENS, M.D.

ANNUAL REPORT OF MSMS REPRESENTATIVES TO JOINT COMMITTEE ON HEALTH EDUCATION, 1944-45

There has been no meeting of the representatives to the Joint Committee on Health Education during this past year, and there has been no activity by the Committee for nearly three years. The last contribution of The Council to this committee has been kept intact.

At the last meeting of the representatives, it was thought advisable to maintain the organization with the thought that we might, in the future, find an activity which would be worth while, and several suggestions were made, none of which seemed feasible, during this war period, to carry out. It is, of course, apparent that the laity is now being approached with health education programs from many directions. One need only to mention the work of the Society in Cancer Education, Venereal Disease Education, and, in a general way, through the radio programs, the latter an activity which, in earlier years, was sponsored by this same Joint Committee. In addition, there are such organizations as the Michigan Committee on Adult Education which covers a large field and on which the Joint Committee is represented by its chairman.

The Joint Committee, initiated, sponsored, furthered, and largely financed in recent years by the Michigan State Medical Society, has behind it nearly a half century of tradition, in which much has been accomplished. It seems to your chairman that it probably has outgrown its usefulness. If, in your opinion, this committee should be dissolved, then certain formal steps should be taken.

Respectfully submitted,
BURTON R. CORBUS, M.D., *Chairman*
ROBT. H. FRASER, M.D.
O. W. LOHR, M.D.
HENRY A. LUCE, M.D.
F. J. O'DONNELL, M.D.

ANNUAL REPORT OF COMMITTEE ON HEART AND DEGENERATIVE DISEASES, 1944-45

The Subcommittee on Heart and Degenerative Diseases of the Preventive Medicine Committee held no formal meetings during the year. However, by correspondence it was agreed that the chairman should formulate a program on a state-wide basis for the control of rheumatic fever in conjunction with the Michigan State Medical Society.

The Executive Committee of the Council then set up a special committee combining the subcommittees on Pediatrics, Heart and Degenerative Diseases, and the Crippled Children's Commission, with Dr. L. F. Foster, as chairman. The Committee consists of Drs. Carleton Dean, Frank Van Shoick, L. F. Foster, and H. H. Riecker. It has had two meetings and has formulated a program for the control of rheumatic fever. This program was approved by the Executive Committee of the Council and involves the establishment of nine diagnostic groups in strategic arts of the State exclusive of Detroit to which physicians may refer cases for diagnosis and advice as to treatment. In the case of indigent children the expense of investigation and hospitalization will be borne by the Crippled Children's Commission.

A program of education of the laity as well as the medical profession was outlined and will be carried forward during the coming year. The diagnostic groups in the various centers are now being completed. As soon as they have been designated, letters will go out to all physicians in the State advising them of the mechanism of this service and what is contemplated in the control of rheumatic fever.

It is hoped in time that the facilities in the State for the diagnosis and care of rheumatic children will be equal to those for the control of tuberculosis. It is the opinion of the committee that the program as arranged represents an advance in preventive medicine similar to that of the goiter control program initiated by the State Medical Society some years ago. The State profession should be congratulated upon the initiative taken in respect to one of the greatest scourges of childhood.

Respectfully submitted,
H. H. RIECKER, M.D., *Chairman*
M. S. CHAMBERS, M.D.
C. V. COSTELLO, M.D.
RALPH A. JOHNSON, M.D.
MARK MARSHALL, M.D.
A. E. VOEGELIN, M.D.

ANNUAL REPORT OF CANCER CONTROL COMMITTEE, 1944-45

The Cancer Committee held one meeting this year, in December. Since that time we have not held any meetings, although the chairman has had several conferences with the American Cancer Society relative to the part the profession will play in their work. We believe we are gradually approaching an understanding as changes are being made in that organization.

In addition to this we have met with state officers of one of the large service clubs who expect to advocate aid in cancer detection as a project for their group in the coming year.

The following recommendations were approved by the Committee:

1. Support a "Cancer Teaching Day" under auspices of existing tumor clinics, combined with as much lay education as possible in that same area at the same time.
2. An annual cancer program in each county and district medical society meeting. A special cancer topic in each extramural graduate medical program.
3. A special cancer topic in each extramural graduate medical program.
4. An annual intensive postgraduate course in cancer diagnosis and treatment under direction of the Postgraduate Committee to be held in the two medical schools of Michigan.
5. That biology be made a required subject in all high schools and that teaching of cancer prevention and control be made a part of the regular health education teaching in high schools and colleges, but only under adequately trained teachers.
6. Support a plan for discussing cancer in high schools under direction of competent medical authorities supplied by the Cancer Control Committee of the State Society.
7. Recommend a frequent cancer page in THE JOURNAL of the Michigan State Medical Society. Also occasionally send to all members cancer bulletins emphasizing some important diagnostic or treatment point, such as recommending a curretage for persistent or irregular bleeding.
8. That Cancer control be recognized in the teaching of public health in the School of Public Health in the University of Michigan and in similar courses in Wayne University. Chairman to contact the universities and ascertain to what extent cancer is taught in the public health program.

The Committee:

(a) Approved of cancer consultant services throughout Michigan to physicians desiring such services. This service to be furnished by the Michigan Department of Health without cost to the physicians through co-operation with the State Medical Society and its Postgraduate Committee.

(b) Approved the organization of special tumor services in any approved hospital when such services are offered by and through properly qualified and ethical doctors of medicine and when necessary facilities for such services are available.

(c) Recommended that the Cancer Control Committee

be empowered to handle all cancer problems of the Society and to act on such problems as they arise.

Respectfully submitted,

WM. A. HYLAND, M.D., *Chairman*
J. H. COBANE, M.D.
F. A. COLLER, M.D.
C. E. DEMAY, M.D.
C. K. HASLEY, M.D.
ROLLIN H. STEVENS, M.D.
E. C. TEXTER, M.D.

ANNUAL REPORT OF VENEREAL DISEASE CONTROL COMMITTEE, 1944-1945

Three meetings of the Venereal Disease Control Committee have been held during the past year. The first meeting was held at the Pantlind Hotel in Grand Rapids on September 28, 1944; the second in Lansing at the Porter Hotel on February 11, 1945; and the third at the Porter Hotel, Lansing, on May 20, 1945. The most important activities of the committee were as follows:

1. Arrangements for the preparation of an approved and improved chemical prophylactic kit by a suitable manufacturer and its adoption for state-wide distribution, through the Retail Druggists' Association, have at last been practically completed.

2. An educational article outlining the types of cases acceptable, and methods of treatment in use at the Rapid Treatment Center in Ann Arbor was prepared by the director, Nelson Ryan, M.D., and presented through this committee for early publication in THE JOURNAL of the Michigan State Medical Society.

3. An amendement to Michigan's Premarital Physical Examination Law was prepared and with the assistance of the MSMS Legislative Committee was successfully steered through the Legislature and received the governor's signature. It permits issuing of a special certificate for marriage by the State Health Commissioner where the woman concerned is pregnant regardless of the presence of venereal disease in either or both parties to the marriage.

4. A modification of the V. D. Report Form as prepared by N. W. Guthrie, M.D., and L. W. Shaffer, M.D., was approved by the committee for adoption by the State Health Department.

5. This committee is sponsoring a trip by Percy S. Pelouze, M.D., Philadelphia, throughout the state in September or October with the requested assistance of the Postgraduate Medical Education Committee and the Executive Office in outlining schedule or itinerary. Dr. Pelouze's expenses will be paid by the U. S. Public Health Service and his talks will cover the management of gonorrhea.

Respectfully submitted,

LOREN W. SHAFFER, M.D., *Chairman*
R. S. BREAKEY, M.D.
KENT A. ALCORN, M.D.
A. C. CURTIS, M.D.
RUTH HERRICK, M.D.
H. L. KEIM, M.D.
E. S. PARMENTER, M.D.
WM. R. VIS, M.D.

ANNUAL REPORT OF JOINT VENEREAL DISEASE CONTROL COMMITTEE WITH STATE BAR OF MICHIGAN, 1944-45

One meeting was held May 20, 1945, in Lansing. Authority of the probate judges to issue marriage licenses under the Secret Marriage Law without requiring medical examination and certification was discussed. After reading opinions issued by the Attorney General, the Committee was convinced that probate judges do have this authority.

The suit now pending against L. W. Shaffer, M.D., and the Detroit City Health Department was discussed. This suit for $5,000 is brought by a woman examined by the Detroit City Health Department as a result of their having a contact report from the Army. The Committee voted to recommend that the suit be carried to a higher court if an opinion against Dr. Shaffer and the Detroit City Health Department is rendered.

Respectfully submitted,

NOBEL W. GUTHRIE, M.D., *Chairman*
R. S. BREAKEY, M.D.
H. L. KEIM, M.D.
L. W. SHAFFER, M.D.

ANNUAL REPORT OF COMMITTEE ON POST-GRADUATE MEDICAL EDUCATION, 1944-45

The Committee activities for the year 1944-45 have been carried on by correspondence because of travel difficulties and the increasing duties of the committee members incident to the war.

On December 5, 1944, a communication was sent to the members raising the following questions:

First.—Shall we attempt to resume the original semi-annual four-day program at this time?

All members favored the continuance of the two-day semi-annual schedule during the present emergency.

Second.—How many presentations are thought most desirable for each session?

Two thirty-minute presentations and one round-table discussion were favored.

Third.—A list of subjects for the April, 1945, program was submitted and the choice of the majority selected.

Lastly.—The final question is quoted in full:

We have felt for many years that the out-state program should be maintained financially by the Society as one of its important contributions to the improvement of medical service. Our teaching group has been consistently loyal and generous in their support which has often been given at very considerable financial sacrifice. The rate of compensation, $27.50 a day, has little more than paid actual expenses. The Society is now said to be in a flourishing financial condition due to increased fees. I am wondering if you agree with me that increasing the ability of the practitioner to do better work and in wider fields constitutes the most important contribution which the Society can make to its members, and if more consideration should not be given in a material way to those members of our profession who have ofttimes at great sacrifice kept teaching appointments in all parts of the State? To this end I am suggesting for your consideration a flat fee of $40 a day. This will not compensate most of them but it will at least show our appreciation. I shall be glad to have your opinion upon this point also.

Replies to this proposal were all favorable. Replies to this questionnaire were received from Drs. Drury, Fillinger, Furstenberg, Hess, Norris, Robb, Torgerson, and Walch. Members not replying were Drs. Brunk, Hull, and Pino. The replies received seemed to constitute a quorum being in fact greater in number than the usual attendance on a committee meeting.

On May 16, 1945, the following letter was sent to the committee members.

A number of rather important matters should be discussed by the Committee on Postgraduate Medical Education.

While I personally should like to meet with the Committee members, I realize the difficulty in calling men away from their busy practice during these times. Therefore, would you prefer that I prepare a letter discussing the program in mind and the other problems to be presented before the Committee—so that you can send your reactions to me? Or, would you like to attend a meeting in Detroit or Lansing on Sunday, May 27; Monday, May 28, or Sunday, June 3?

I enclose a "ballot" so that you may vote your wish. I shall abide with the decision of the majority.

All the members replied favoring the disposal of the matter by correspondence except one. Accordingly, the

list of twenty-two subjects was sent out and the following received the highest number of votes:

1.	Genito-urinary emergencies	6
2.	Treatment of gonorrhea	5
3.	Breech deliveries	5
4.	Some practical consideration in the use of analgesic in the relief of pain	4
5.	The avoidance of pitfalls in the diagnosis of gastro-intestinal complaints	4
6.	Acute and subacute respiratory infections in childhood	3
7.	Rheumatic fever	3
8.	Medical and surgical problems of the aged	3
9.	Clinical investigation of the unconscious patient	3
10.	Some fundamental precepts in anesthesia	3
11.	The prevention and management of postoperative complications	3
12.	The diagnosis and treatment of migraine and Méniére's syndrome	3

The voting as to second choice of subjects gave essentially the same results. A communication from Dr. Foster transmits the wishes of the Committee on Preventive Medicine that a presentation on rheumatic fever be repeated this fall. Dr. H. H. Riecker, Chairman of the Subcommittee on Heart and Degenerative Diseases, expresses the opinion that since *rheumatic fever* was included in last spring's program, it might be reserved until next spring on account of the greater prevalence of the disease in that season. Accordingly, numbers 1, 2, 3, 4, 5, and 6 have been selected for the autumn, 1945, program. As this subject matter is discussed with our instructors some changes undoubtedly will be necessary and it is not improbable that two of the above subjects might lend themselves advantageously to panels. Thus the final decision cannot be made at this time.

Some months ago Dr. Fred H. Drummond, Councilor of the Tenth District, called the attention of your committee to the difficulties in maintaining attendance from the local memberships in the Bay City-Saginaw area. The attendance in either city is excellent from the local membership but the combined meetings do not bring out commensurate attendance. The difficulty is thought to be due to the failure to adopt a day of the week suitable to both. It has been suggested that teaching centers be established in both cities. Inasmuch as the number of existing centers present many difficulties in travel and in obtaining the necessary instructional staff on account of the National Emergency, your committee does not feel that it can recommend an additional and independent center at this time. It is suggested by your committee that the Councilors of these districts should determine the sentiment of the members of the two areas and present this to the Council for its action. Your Committee hopes to have the Council's decision early enough to provide in the autumn program for any changes it may see fit to make.

The attendance on the extramural postgraduate courses for the year is as follows:

Ann Arbor	226
Battle Creek-Kalamazoo	121
Bay City-Saginaw	96
Flint	87
Grand Rapids	132
Lansing-Jackson	173
Mt. Clemens	39
Traverse City	73
Upper Peninsula	72
	1019

A postgraduate medical conference of the University of Michigan Medical School was held in Ann Arbor, on October 13, 1944, with 141 physicians in attendance. The MSMS Industrial Health Committee in conjunction with the Department of Postgraduate Medicine of the University of Michigan held its annual conference in Detroit on April 5, 1945, and was attended by 83 physicians. The annual Ingham County Clinic was held in Lansing, on May 3, 1945, with approximately 200 physicians in attendance. The Cancer Committee of the MSMS and the Michigan Department of Health sponsored a one-day teaching program on cancer at Traverse City, on March 9, 1945, which was attended by 38 physicians. The Department of Postgraduate Medicine at Ann Arbor gave the enrollment in the intramural postgraduate courses for the year as 488.

At the outbreak of the war some thought was given to discontinuing the extramural teaching. It was decided however to reduce the extramural program by one-half and to make an attempt to maintain our activities within the framework of the plan. It is a source of gratification to report that while our state profession has been depleted by approximately forty per cent, and these among its younger and more active members, attendance on the extramural program is only twenty per cent below that of an average year in peacetime, while that on the intramural courses has increased approximately twenty-five per cent.

The MSMS granted sixty-six certificates of Fellowship in Postgraduate Education and seventy-two certificates of Associate Fellowship to Michigan physicians at the annual meeting in September, 1944.

In February, 1944, the Secretary of the Society requested suggestions from the committee for a "Postwar Program" designed especially to meet the needs of our members returning from the National Service. Your committee made three specific recommendations: (1) that the framework of the present postgraduate program be continued for the immediate future; (2) that encouragement be given to the enlargement of the present educational programs within the hospitals of this state to permit their carrying on, with the co-operation of the medical schools, postgraduate instruction and direction for those who wish to qualify for specialties after the war; (3) that the tremendous quantity of teaching materials at Eloise Hospital be made available to the faculties of the two Michigan medical schools for the teaching of postgraduate and graduate medicine.

Two committees were requested and these were authorized by the Council. One committee, as indicated in the *second* recommendation above, is under the chairmanship of Dr. Burton R. Corbus, and the other, to explore the possibilities of the *third* recommendation, under Dr. T. K. Gruber. While your committee has no knowledge of details, the Council is to be congratulated in its planning for the medical veteran as evidenced by the report in the JOURNAL, Volume 44, No. 1, page 6, January, 1945, and the subsequent News Letters to the profession.

The Council's program of adequate assistance to our medical veterans in "(a) postgraduate work, (b) relocation, and (c) finances" under the direction of a competent full-time counselor will have the universal approval of our members and the appreciation of the returning veterans.

This report would not be complete without reference to the establishment of the Michigan Endowment Plan which is under another committee assignment. It is now some fifteen years since this idea came under consideration and those of us who have made the quality of medical service our principal interest in the affairs of the medical profession feel a deep sense of satisfaction in the assurance which the completion of this plan gives of a continuance of these activities which have come to be known as the Michigan plan for postgraduate medical education.

Respectfully submitted,

JAMES D. BRUCE, M.D., *Chairman*
H. H. CUMMINGS, M.D.
C. F. BRUNK, M.D.
CHARLES P. DRURY, M.D.
W. B. FILLINGER, M.D.
A. C. FURSTENBERG, M.D.
C. L. HESS, M.D.
L. W. HULL, M.D.
EDGAR H. NORRIS, M.D.
R. H. PINO, M.D.
J. M. ROBB, M.D.
WM. R. TORGERSON, M.D.
J. J. WALCH, M.D.

ANNUAL REPORT OF COMMITTEE ON TUBERCULOSIS CONTROL, 1944-45

1. At the request of the Commissioner of Health your chairman designated Dr. John Littig of Kalamazoo and Dr. W. L. Howard of Battle Creek to represent the Tuberculosis Control Committee at a group to meet in Dr. DeKleine's office to discuss adequate diet for tuberculosis patients.

2. Your chairman was appointed last summer by the President of the MSMS to an advisory committee to the Michigan Department of Health considering recommendations to the State Planning Commission. This advisory committee joined in the recommendations of the State Sanatorium Commission to erect a state sanatorium at Houghton and a state sanatorium in southwestern Michigan as well as the eventual abandonment of the present state sanatorium at Oshtemo. These recommendations now seem to be matters of postwar planning.

3. Many of the members of this Committee on Tuberculosis Control were also members of a Legislative Study Committee of the Michigan Tuberculosis Association. The chairman of this committee was Judge Herman Dehnke who, with Dr. George Sherman, worked out House Bill No. 176 which has been passed with minor amendments. This bill seems to have accomplished removal of the care of the tuberculous from the Welfare Agencies. It provides state care for veterans and others without county settlement. It raises the state subsidy to the counties.

4. At the last meeting of the MSMS in Grand Rapids, Dr. Herman E. Hilleboe, Director of the Tuberculosis Division of the USPH Service emphasized that x-ray of all hospital admissions, if done on a national basis, would reach fifteen to thirty million persons annually. He pointed out that this was our most direct and least costly attack on the problem of case finding. At least one hospital in the state has been practicing this since 1941 and finds it both workable and extremely helpful. The Bureau of Tuberculosis Control had in its budget x-ray outfits for miniature x-rays in one hospital in Lansing with the hospital staff backing the venture. One hospital in Detroit is equipped for this work but it is not yet in operation. One hospital in Flint attempted this type of examination but failed to continue.

On June 13, 1945, the Executive Committee of The Council, MSMS, approved this program, provided the project is not instituted in a county unless first approved by the county medical society. It has been suggested that it might be a major function of this committee to promote the extension of this work in Michigan through education and other means.

5. (a) X-ray surveys of small industrial plants have been largely handled in this state by the Bureau of Tuberculosis Control. Your chairman has a letter from Dr. Sherman suggesting that this committee might consider one of the difficulties which Dr. Sherman has encountered. Dr. Sherman has followed a policy of having the x-rays studied by a group consisting of himself, the roentgenologist nearest the plants concerned, the sanatorium director nearest the plants surveyed, and the local health officer. These surveys are always preceded by the approval of the County Medical Society. In spite of that, and the pooling of opinion on the individual x-rays, some tuberculous workers who are advised to enter sanatoria now get contrary advice either from the plant physician, a private physician, and in some cases osteopaths, or from another roentgenologist.

(b) It is reported that plant physicians are sometimes placed in an embarrassing position by management. The lay press has taught management that the only thing needed to discover tuberculosis is an x-ray machine. Management buys the machine and cannot understand why the plant physician might need help in interpreting the x-rays. A joint committee of the National Tuberculosis Association and American Trudeau Society on Tuberculosis in Industry under Dr. Leroy Gardner has issued a report on the danger of x-ray survey in industry without expert help. Our committee will consider this problem further.

6. In the report of our committee last year and the year before, we brought attention to the difficult problem of evaluating the apparently healthy person discovered in an x-ray survey to have pulmonary tuberculosis. Consultation with a specialist was urged. This was published in the state journal and apparently had little effect. It was suggested at the meeting of the Preventive Medicine Committee that for proper consideration of this item, this committee should meet jointly with Dr. Markuson's Committee on Industrial Health and with the executive committee or representatives of the Michigan Association of Industrial Physicians and Surgeons, the Detroit Roentgen Ray and Radium Society and the Michigan Association of Roentgenologists. It was thought that if these groups could issue a joint statement it might help in the solution of these problems.

Respectfully submitted,

JOHN B. BARNWELL, M.D., *Chairman*
JOS. L. EGLE, M.D.
L. E. HOLLY, M.D.
W. L. HOWARD, M.D.
W. B. HOWES, M.D.
H. G. HUNTINGTON, M.D.
VINCENT C. JOHNSON, M.D.
JOHN D. LITTIG, M.D.
E. J. O'BRIEN, M.D.
JOHN W. TOWEY, M.D.

ANNUAL REPORT OF THE IODIZED SALT COMMITTEE, 1944-45

I feel very humble in attempting a report for the committee. Any communication should be an eulogy to the work and accomplishments of the only two chairmen, the late Dr. D. M. Cowie and the late Dr. Frederick B. Miner.

Both of these men saw the need of iodine in the prevention of the so common adolescent goiter; both worked unfailingly with the zeal of a patriot; both saw the efforts of their labor bear fruit in the almost complete disappearance of simple goiter in the adolescent; both stimulated research in the marketing problem of iodized salt. After the passing of Dr. Cowie, Dr. Miner carried on alone. True, he had a committee but it was his own energy and perseverance that successfully fought off the efforts of bureaucratic government to undo all that had been done.

While we can reverently say to each of these men, "Well done, thou good and faithful citizen," we must keep an eternal vigilance that their work may live.

Respectfully submitted,

FRANK VAN SCHOICK, M.D.

ANNUAL REPORT OF MENTAL HYGIENE COMMITTEE, 1944-45

Only one committee meeting was held during the fiscal year of 1944-45. This meeting was attended by all members of the committee.

The State Mental Hygiene program proposed by Governor Kelly was carefully evaluated and a report submitted to the Executive Committee of the Council of the Michigan State Medical Society. The consensus of opinion of those present was that the mental health problem of the state resolved itself into two departments: the department of hygiene, and the department of treatment. The department of treatment represented by the state hospitals is being administered at the present time in a very efficient and successful manner; in fact, Michigan is one of the outstanding states in the Union in hospital administration and treatment.

A Mental Health Director should direct his activities to the field of preventive medicine and act only as a counsellor to the hospital superintendents.

A communication was sent to the Council of the Michigan State Medical Society requesting more attention to the subject of Neuropsychiatry at the next annual session of the Society.

Respectfully submitted,

H. A. Luce, M.D., *Chairman*
R. G. Brain, M.D.
M. H. Hoffmann, M.D.
R. A. Morter, M.D.
H. A. Reye, M.D.
R. W. Waggoner, M.D.
O. R. Yoder, M.D.

ANNUAL REPORT OF PRELICENSURE MEDICAL EDUCATION COMMITTEE, 1944-45

The membership of this Committee is desirous of accomplishing its important purpose; however, the Committee is unable to function under the 9-9-9 Program inasmuch as the Army and Navy have their own rules which have been temporarily indorsed as a War Measure.

It is our recommendation that the Committee be continued as a standing committee in order that it may function as soon as it has the opportunity.

Respectfully submitted,

J. Earl McIntyre, M.D., *Chairman*
Donald C. Beaver, M.D.
George J. Curry, M.D.
A. C. Furstenberg, M.D.
Edgar H. Norris, M.D.
F. J. O'Donnell, M.D.

ANNUAL REPORT OF MATERNAL HEALTH COMMITTEE, 1944-45

The Maternal Health Committee during the past year has contemplated carefully the maternal mortality study program planned for future initiation. The study blanks prepared for this purpose have been reviewed and worked into better shape.

While it was originally planned to make this a contemporary study the Foundation which was to finance the program decided that the time was inopportune so it has been necessary to postpone the whole program until after the war.

Respectfully submitted,

C. E. Toshach, M. D., *Chairman*
A. E. Catherwood, M.D.
Harold Henderson, M.D.
Wm. G. Hoebeke, M.D.
Edward D. King, M.D.
N. F. Miller, M.D.
A. M. Campbell, M.D.

ANNUAL REPORT OF PUBLIC RELATIONS COMMITTEE, 1944-45

The individual members of the Public Relations Committee have contacted and addressed county medical societies in their districts, as well as lay groups, during the past year.

The greatest promotional work of the Public Relations Committee was achieved by its Advisory Committee on Radio composed of C. L. Candler, M.D., President A. S. Brunk, M.D., and Speaker P. L. Ledwidge, M.D. The monumental accomplishments of this Special Committee on Radio is outlined in its own Annual Report.

The Public Relations Committee anticipates that the ensuing year will be an active one, and that it will bring forth a program of medical public relations the like and size of which has not been attempted by any other state medical society in the Union.

Respectfully submitted,

Fred R. Reed, M.D., *Chairman*
C. L. Candler, M.D.
C. G. Clippert, M.D.
John S. DeTar, M.D.
Nathan J. Frenn, M.D.
L. T. Henderson, M.D.
W. J. Herrington, M.D.
S. W. Insley, M.D.
John J. McCann, M.D.
Homer A. Ramsdell, M.D.

ANNUAL REPORT OF COMMITTEE ON PROCUREMENT AND ASSIGNMENT SERVICE FOR DOCTORS OF MEDICINE, 1944-45

The State Chairman of Procurement and Assignment Service has been supplying the Navy with doctors who were declared available by the County P. & A. Committees. The number of doctors who could be spared was not sufficient, and the Surgeon General sent a directive giving the Navy first choice of the returning Army doctors to meet its needs. To date the quota has not been met. Second choice had been given to the Veterans Bureau Facility and many doctors were assigned to this duty. Recently, a directive was released stating that all those returning doctors assigned to the Veterans Bureau will be on a voluntary basis. All officers who had formerly worked in the Veterans Bureau will be assigned to the Veterans Bureau Facility.

The returning doctors are now needed in their home communities. According to the last directive, requests for release were to be sent to the Appeal Board in Washington, D. C., and if approved, the papers were sent to the officer who handed his resignation to his Commanding Officer. If approved by the Commanding Officer, the papers were forwarded through military channels to the Surgeon General. This has not been effective, and so far no one has been released.

Until the needs of the Navy and the needs of the Army in the Pacific are well established, few will be returned. The last procedure is explained in the following paragraph by George F. Lull, M.C., Major General, USA, Deputy Surgeon General: quote

"I wish to inform you that with the announcement of the War Department's overall policy to release officers, the selection of such officers will be determined by their adjusted service rating scores, the desire of each officer as to his retention in the service, efficiency and *military necessity*. It will be necessary for individual officers to be compared with other Medical Corps officers who have been in the military service since 16 September 1940, in order to determine their essentiality to the Army in the continuation of hostilities with Japan. This method of determination will allow an equitable relief from active duty of officers on the basis of their age, length and type of service, in addition to dependents."

Respectfully submitted,

P. R. Urmston, M.D., *Chairman*
F. G. Buesser, M.D.
Warren B. Cooksey, M.D.
Milton A. Darling, M.D.
L. A. Farnham, M.D.
L. Fernald Foster, M.D.
C. D. Moll, M.D.
C. I. Owen, M.D.
H. H. Riecker, M.D.

ANNUAL REPORT OF VICE CHAIRMAN, COMMITTEE ON PROCUREMENT AND ASSIGNMENT SERVICE, 1944-45

(Counties of Wayne, Washtenaw, Oakland, Monroe, Macomb)

During the past few months Procurement and Assignment has been especially concerned with efforts to augment the Medical Service of the Navy, the Army having indicated they would not commission any additional physicians from civilian life.

In spite of the large number of Doctors who have gone into Service in the above areas, medical service has been sustained on a relatively high plane. The number of Doctors who have returned from Service has been comparatively few and it is not anticipated this number will increase materially in the near future.

I take this opportunity to thank the members of the local committees in the areas involved for their cooperation, without which, obviously, this work could not have been done.

I also wish to thank the Wayne County Medical Society for its generosity in providing us with space in the Medical Society building in which to carry on this work for Procurement and Assignment Service.

Very truly yours

CLARENCE D. MOLL, M.D., *Vice Chairman*

MSMS ROSTER—SUPPLEMENTAL LIST

Bay County

Ely, Nina ..... Bay City

Genesee County

Gutow, I. ..... Flint
Lavin, Kathryn ..... Flint
McGarry, Roy A. ..... Flint
Wright, George R. ..... Montrose

Grand Traverse- Leelanau-Benzie

Baker, Dorothy M. ..... Traverse City

Kent County

Graybiel, George P. ..... Caledonia
Osborn, Howard ..... Grand Rapids
Stuart, G. J. ..... Grand Rapids
Thompson, Athol ..... Grand Rapids

Macomb County

Allen, L. K. ..... Roseville

Med. Soc. North Central Counties

Martzowka, M. A. ..... Roscommon

Oakland County

Mershon, R. B. ..... Royal Oak

Tuscola County

Von Renner, Otto ..... Vassar
Morris, F. L. ..... Cass City
Berman, Harry ..... Millington
Cook, Raymond ..... Akron
Ruskin, David B. ..... Caro

Wayne County

Balaga, Frank T. ..... Detroit
Berkman, Ruth ..... Detroit
Berry, Joseph E. ..... Detroit
Bittrich, Norbert ..... Detroit
Boland, John R. ..... Detroit
Brain, R. S. ..... Detroit
Broderson, Harvey S. ..... River Rouge
Burns, Robert T. ..... Detroit
Cleage, Louis J. ..... Detroit
Crawford, Albert S. ..... Detroit
Demaray, John F. ..... Detroit
Dubin, Joseph J. ..... Detroit
Freedman, Milton ..... Detroit
Galvin, Paul P. ..... Detroit
Graham, Julius A. ..... Detroit
Grant, Heman E. ..... Detroit
Gardner, Lawrence ..... Detroit
Harmon, Walter ..... Detroit
Harris, Albert E. ..... Detroit
Hendy, H. W. ..... Detroit
Isaacs, Joseph C. ..... Detroit
Jordan, R. Gerald ..... Detroit
Keim, Harther L. ..... Detroit
Kleinman, S. ..... Detroit
Lalime, George ..... Detroit
Larsson, B. ..... Detroit
Lewin, Harry ..... Detroit
Mayer, E. V. ..... Highland Park
McDougall, Bernard ..... Detroit
Morin, John B. ..... Detroit
Myers, Gordon B. ..... Detroit
Millard, Glenn E. ..... Detroit
O'Connell, Wm. J. ..... Detroit
Rieden, James A. ..... Detroit
Robertson, Stanley B. ..... Detroit
Robertson, Tom H. ..... Detroit
Roseman, J. D. ..... Detroit
Sanderson, Jos. L. ..... Detroit
Shellhamer, Claire S. ..... Detroit
Steiner, E. A. ..... Detroit
Stocker, Harry ..... Detroit
Thorstad, Merrill J. ..... Detroit
Yesayian, H. G. ..... Detroit
Zielinski, Charles J. ..... Detroit

LOW BACK PAIN IN MANY INSTANCES MAY BE CAUSED BY FAT HERNIAS

Functional back pain—considered to be of mental origin in many cases—may be due to hernias of fatty tissue, reports Ralph Herz, M.D., of Cleveland, in *The Journal of the American Medical Association* for July 28.

Dr. Herz explains that there is a continuous sheet of connective tissue, like that which forms in a scar, which lies under the outer skin layer and covers the entire back from neck to below the waistline. There is little or no fat between this and the deep connective tissue in normal individuals, with the exception of a few spots where fat deposits do occur to make up the basic fat pattern. In fat persons, however, this pattern is obscured by a generalized distribution of fat. The tissue is not of uniform thickness, and where it is noticeably thinner, these small fat hernias tend to break through.

Such a hernia may not give rise to symptoms until some incident, such as sudden injury or an illness, confines the patient to bed. The several days which are spent lying in bed produce an increase in pressure on the fat, causing pain. This leads to swelling, which may make the condition permanent.

The pain generally begins at a central point, from which generalized pain is directed or referred to other areas. This referred pain may occur at a distance from the source, as in many cases of sciatica. Dr. Herz points out that "important diagnostic features are the severity of the pain, the frequency of radiating pain down the leg, and the presence of a palpable tender mass (easily discovered by touch), which is a 'trigger point' of the pain, which can be relieved temporarily by injection with anesthetic solution."

The author reports on six cases which were relieved by surgery. He states that the cutting away of fatty tissue in the painful area afforded "complete and immediate relief from the back pain."

In conclusion, he says: "It seems probable that some patients (perhaps a fairly large proportion) in whom the cause of back pain has not been diagnosed previously may have herniations of fat and that surgical removal of these will bring prompt and lasting relief. This operation is not presented as a panacea for all types of low back pain. However, it seems certain that if the possibility of such a lesion (injury) is recognized and if careful examination is made for palpable masses which may prove to be trigger points of pain, numerous patients may by this procedure be relieved of a condition that has been incapacitating, sometimes for many years."

Woman's Auxiliary

LEGISLATIVE WORK

The Auxiliary Legislative chairman has worked very closely with the efficient Legislative Committee of the Michigan State Medical Society during the past year regarding medical legislation. A report on the MSMS legislative activity appears elsewhere in this JOURNAL.

I wish to express my appreciation to the members of the Woman's Auxiliary, to our State President, Mrs. H. L. French, and to all our friends who have kept our representatives in the Senate and House informed regarding our views.

(MRS. SHERMAN E.) JOSEPHINE MANNING ANDREWS
State Chairman, Committee on Legislation

* * *

HYGEIA

This year we have tried to make each Auxiliary member conscious of the responsibility that she must accept in order to make this *Hygeia* contest the success that it should be in our state.

We have had a most generous response, and I am very grateful.

I am proud to report that St. Joseph County won first place in Group II and Wayne County won honorable mention.

We had fourteen of the twenty active auxiliaries participating with 699.5 subscriptions, which was almost 50 per cent over last year, and I hope that next year will bring the much greater increase that we should obtain.

MRS. D. M. KANE
State Chairman

* * *

BAY COUNTY

The Woman's Auxiliary to the Bay County Medical Society had its final meeting for this spring, Wednesday, May 9, at the home of Dr. and Mrs. A. D. Allen.

This meeting was a joint dinner meeting with the Medical Society. Sixty were present.

The April meeting was held at the home of Mrs. J. Norris Asline, April 11. There were twenty-seven present.

Mrs. H. L. French, State president of the Medical Auxiliary, was our guest and gave an interesting talk outlining the state and national program. Mrs. C. L. Hess, president, conducted a short business meeting. Mrs. Robert B. Hall gave a book review *Martha Washington.*

* * *

GENESEE COUNTY

The *Bulletin,* official publication of the Genesee County Medical Society, published a Woman's Auxiliary issue on April 10. It contains the history of the Woman's Auxiliary of the Genesee County Medical Society—annual reports of officers and committee chairmen, and auxiliary news notes. Following is a copy of The *Auxiliary President's Report*:

Seven regular meetings were held during the year, to March, 1945, with an average attendance of twenty members. Four were luncheon meetings and three were teas. Mrs. Bogart very kindly opened her home to us and twice during that year the hospitality of Hurley Nurses home was extended to us. Three luncheons were held at the Milner and one at the Durant.

At the April and May meetings a report was given on the Cancer Fund drive, many of our members contributing time at the various booths, and a cash donation was made by the Auxiliary. Games and cards were contributed and sent to the USO stations in Alaska. Contributions to both Girl Scout and Girl Reserve Camp Funds were voted. Following the May meeting the Auxiliary recessed for the summer months to resume regular meetings in October, after the state convention in Grand Rapids when reports of the National convention in Chicago and the State convention in Grand Rapids were read. It was our privilege at this time to have Frank E. Reeder, M.D., of the State Advisory Committee and Mr. W. W. Blackney, U. S. Representative from this district, as our guests. Both spoke on the social trends in medicine.

In January, Mrs. H. L. French, State President, was guest of the Auxiliary, speaking on aims and projects of State and National organizations. A committee was appointed to draw up the slate of officers to be presented in February and voted on in March. The February meeting was a tea at the Nurses' Home, with Miss McNeal presenting the Cadet Nursing Project, and a program of music and reading was given.

The year was concluded with the Annual Meeting and election of officers in March at which time Mrs. R. B. Macduff succeeded to the chair. Major G. Willoughby spoke on his experiences in the European Theatre of War.

During the year my officers, chairmen and committee workers have been most helpful and faithful and I gratefully acknowledge their co-operation, and tender my sincere thanks to each and every one.

May I extend to the succeeding president, Mrs. Macduff, a most hearty welcome and wish her a most successful year.

BERNICE R. WRIGHT, *President*

* * *

SAGINAW COUNTY

Three Red Cross meetings (surgical dressings) were held, two in November, 1944, and one in March, 1945.

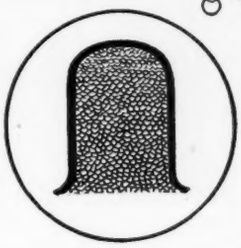
In December, 1944, six Auxiliary members sponsored an educational program for the Saginaw Reading Club. Short talks were given by some of these members on Recent Medical Progress. "The Story of Blood Plasma," a talkie in technicolor, was also given. This film was produced by Sharp and Dohme Pharma-

(Continued on Page 848)

REMOVE THE FOUR HYPOS

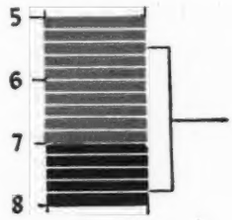
1. HYPO-EPITHELIUM (*a decrease in the number of cell layers composing the vaginal mucous membrane, due to inflammatory hyper-desquamation*).

FLORAQUIN by allaying the inflammatory reaction, destroying the pathogenic organisms and providing carbohydrates for mucosal glycogen, facilitates regeneration of the mucosa to normal.



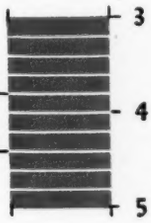
2. HYPO-GLYCOGEN (*due to a marked decrease in the number of glycogen bearing cells of the vaginal mucous membrane*).

FLORAQUIN makes available carbohydrates, lactose and dextrose, for absorption by the regenerating vaginal epithelium, and storage in the form of glycogen.



3. HYPO-ACIDITY (*usually the vaginal pH is close to neutral, or even alkaline—pH 5.5 to 7.8*).

FLORAQUIN provides a bacteriostatic acidity which, mixed with the vaginal secretion, re-establishes and maintains the normal pH of 3.8 to 4.4.



4. HYPO-DÖDERLEIN (*a reduction or elimination of the Döderlein bacilli, the normal flora of the healthy vagina*).

FLORAQUIN provides the ideal medium for the return and cultivation of the Döderlein bacillus which, by its action upon released glycogen, aids in maintaining normal acidity.

FLORAQUIN

a product of Searle Research, contains the protozoacide, DIODOQUIN, combined with lactose, dextrose and boric acid.

Supplied in powder for office insufflation and tablet inserts for supervised home use.

Floraquin and Diodoquin are the registered trademarks of G. D. Searle & Co., Chicago 80, Illinois

SEARLE

RESEARCH IN THE SERVICE OF MEDICINE

WOMAN'S AUXILIARY

(Continued from Page 846)

ceutical Company. Over two hundred people were present at this meeting.

In January one of our own members, Mrs. E. H. Stahly, gave an illustrated lecture on her personal experiences in India.

In February the Auxiliary members sponsored a benefit card party at Anderson Hall, Saginaw General Hospital's new Nurses' Home. About two hundred fifty people attended. Proceeds from the party amounting to $250 will be used to purchase recreational equipment for the Hall.

At the April meeting Dr. Norman C. Westlund, Director of the Saginaw Valley Children's Center, discussed "The Mental and Moral Growth of Children." At the business session a ten dollar contribution was made to the Saginaw Unit of the American Cancer Society.

* * *

NEWAYGO COUNTY

On March 2 Newaygo Auxiliary celebrated the seventieth birthday of their oldest member, Mrs. Charles Black of Holton, by surprising her with a large birthday cake and flowers.

On April 24 a pot-luck dinner was held at the home of Mrs. Ted Deur of Grant and included the four dentists' wives of the County.

* * *

MANISTEE COUNTY

On February 23 a joint meeting with the County Medical Society was held. Mrs. Homer S. Ramsdell reported on work done and contacts made with professional men, labor unions, druggists, and clubs on proposed revision to constitution of State of Michigan. The importance of co-operation of the Medical Society in the April drive for the Field Army of American Cancer Society was stressed. The Auxiliary has made 1,000 dressings for county use and has sent 1,000 to State Headquarters.

A joint meeting of Grand Traverse, Wexford, Missaukee and Osceola counties was held on May 18. It was in the form of a picnic supper at Dr. and Mrs. Ramsdell's home with Manistee Auxiliary hostesses.

EVACUATION OF ETO PATIENTS

More than 100,000 sick and wounded soldiers have been returned from Europe since V-E Day, according to Brigadier General Raymond W. Bliss, Assistant Surgeon General of the Army.

The Army set for itself a goal of returning by plane and ship all transportable wounded from Europe within ninety days after V-E Day, and the record job was completed before the August 8 deadline. In the last war thousands of wounded awaited transportation from Europe for a year.

The number of non-transportable cases is comparatively small, General Bliss pointed out, and these will be transported to the United States as they are able to be moved.

JOUR. MSMS

Correspondence

Paul C. Barton, M.D.
Procurement & Assignment Service
1778 Pennsylvania Ave., N.W.
Washington 25, D. C.

Dear Dr. Barton:

A clipping from one of the Chicago papers was sent to me yesterday quoting "Major General George F. Lull, deputy surgeon of the Army, announced from Washington, D. C., yesterday that under a new program just invoked by the War Department medical officers released from service henceforth are to be given the privilege of electing whether they wish to accept continuing assignments with the veterans' administration in this country."

Please confirm this report, as it will be a great satisfaction to the medical profession at home as well as to those officers who are returning to this country from foreign service.

Yours respectfully,
P. R. URMSTON, M.D.
Procurement & Assignment Service
Michigan Consultant
War Manpower Commission

June 15, 1945

•

Paul R. Urmston, M.D.
916 Washington St.
Bay City, Michigan

Dear Doctor Urmston:

This will acknowledge your letter of June 15 concerning the statement on the front page of the Chicago *Tribune* and contributed by Maj. Gen. George F. Lull. This statement, so far as I know, was based on an official release by the Army, and the facts stated therein correctly reported by the *Tribune*. There may be a few technicalities in connection with this proposal, but I believe that at an early date there will be no further question of any Army officer being assigned to the Veterans' Administration except at his specific request.

Sincerely yours,
PAUL C. BARTON, M.D.
Executive Officer
Procurement & Assignment Service, Washington, D. C.

June 20, 1945

June 25, 1945

Wilfrid Haughey, M.D.
610 Post Bldg.
Battle Creek Michigan,

To the Editor (JOURNAL, MICHIGAN STATE MEDICAL SOCIETY):

In the May issue of THE JOURNAL you published an article entitled "GI Bill and Medical Veterans" which

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CORRESPONDENCE

(Continued from Page 850)

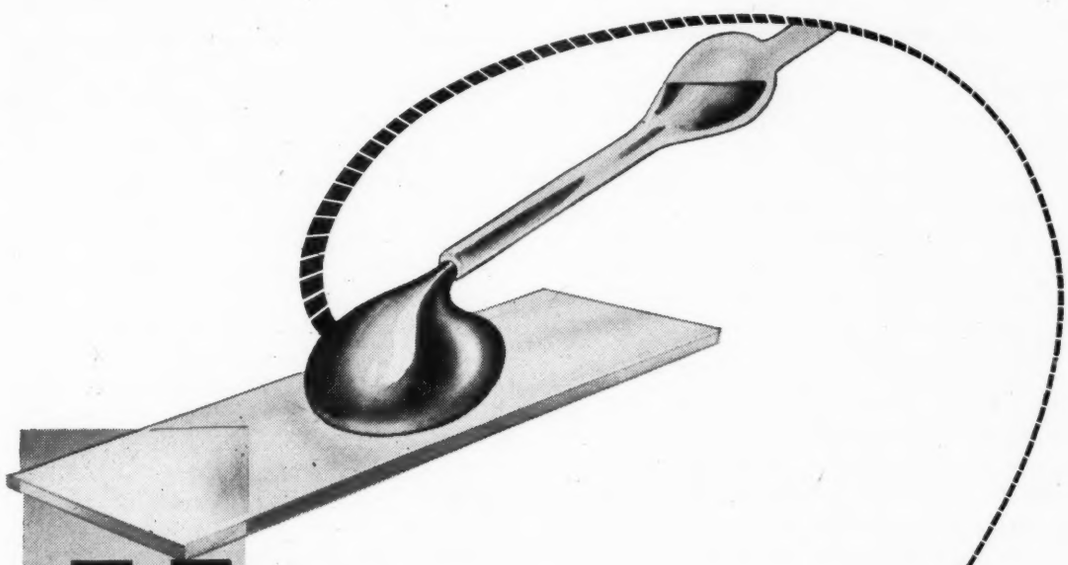
stated that "under the GI Bill they (medical veterans) are entitled to a one-year refresher course in any professional school in the United States." By inference one would assume that medical veterans could obtain refresher courses of short duration at Government expense. Such is not the case. The Veterans' Administration has dealt the service doctors a joker in that regard. They have ruled that for courses of less than thirty (30) weeks they will pay only a proportion of the tuition fee.

I have a letter dated February 24, 1945, signed by H. V. Stirling, Director Vocational Rehabilitation and Education Service, Veterans' Administration, Washington, D. C., from which I quote in part. "An ordinary school year has been interpreted to mean a school year of two semesters or three quarters or the equivalent (not less than thirty nor more than thirty-eight weeks). For a course of education or training which is set up for a period of time less than an ordinary school year, the Veterans' Administration may pay only that amount which bears the same relation to $500 as the length of the course bears to an ordinary school year."

Obviously few doctors now in service can afford to take a year of postgraduate training with no more financial backing than the government-furnished subsistence allowance of only $50 or $75 per month. After spending three to five years in service on greatly reduced pay, most service doctors will be without financial reserves. Therefore, they will have to return to private practice very soon after release from active duty. They will want short refresher courses of from two to six or eight weeks' duration. I believe that surveys recently conducted indicate as much. If the medical veteran takes a short intensive course of say two weeks for which the tuition fee is $200, he can expect the government to pay only one-fifteenth of $500 toward that tuition, namely $33.33. This is small help indeed to those whose services have made it possible for our government to boast that our Army receives the best medical care in the world!

Here is an injustice to medical veterans that our State Postwar Planning Committee could do much to correct. If our State Society would represent the cause of our 2,000 service doctors by presenting to Michigan congressmen cogent reasons why this phase of the GI Bill, Public No. 346, 78th Congress, should be amended, the Society would be doing something constructive to redeem its pledge made to the doctors in the services last January.

JOHN G. SLEVIN, M.D.
(Colonel, MC, Inactive).



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When future research has reduced to *established facts* the complex reactions concerned with red blood cell formation, the Doctor's choice of a hematopoietic formula will become relatively simple.

In the meantime, broad clinical experience is a most reliable guide. Doctors who regularly use Hemotropho in their practice consistently report *results above average.*

The Hemotropho formula embraces the latest findings of collective research on the anemias. Not only assimilable iron but important vitamins and *other* catalysts contribute to effective hematopoiesis. A specially prepared *fifty-to-one* concentrate of liver provides natural trace copper and the unknown but probably valuable "accessory" factors of whole liver.

The assimilable iron content of the daily dose provides a theoretical rise of 1% of hemoglobin per day for the average patient. This is combined with chlorophyll, B complex yeast, adrenal cortex and a concentrate equivalent to 150 grains of fresh liver.

Packages of 90s and 500s.

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What's What

Honors

Sir Alexander Fleming, the eminent British physician who discovered penicillin, was honored by the Wayne County Medical Society at a reception in the David Whitney House, June 14. Following his introduction by President Stanley W. Insley, M.D., and by A. W. Lescohier, M.D., of Parke, Davis & Co., Dr. Fleming related some of the interesting details of his early research and generously participated in an informal question and answer period.

* * *

Major William E. Clark, M.C. (formerly of Mason) has received two decorations for outstanding service. The Bronze Star was awarded for service beyond the call of duty in France and Belgium, and more recently the Oak Leaf Cluster was awarded for the same kind of service in Luxembourg and Germany.

* * *

Captain R. H. McArthur, Jr., M.C. (formerly of Flint) was awarded the Soldier's Medal for heroism. Dr. McArthur saved the life of a pilot of a fighter aircraft whose plane had caught fire and was filled with bombs.

* * *

Charles F. McKhann, M.D., Detroit, has been named Professor of Pediatrics at Western Reserve University School of Medicine and Director of Pediatrics at University Hospital, Cleveland. Dr. McKhann has for the two past years been Assistant to the President in charge of research at Parke, Davis & Co., Detroit.

* * *

The following Michigan men were recently elected Fellows of the International College of Surgeons: W. W. Babcock, M.D., W. J. Cassidy, M.D., B. F. Glowacki, M.D., W. E. Johnston, M. D., E. G. Martin, M. D., C. C. McCormick, M. D. and E. J. Panzner, M.D., all of Detroit; Thomas Wilensky, M.D., Lansing; Associates: Major Frederick N. Hanson, M.C. and Carl S. Ratigan, M.D., both of Dearborn and T. O. Stewart, M.D., of Detroit; Matriculates: S. J. Shanoski, M.D., and N. L. Schmitt, M.D., Detroit.

* * *

Capt. Stanley Lowe, M.C., of Battle Creek, has received the Bronze Star for heroic service caring for wounded soldiers under direct fire, during the Remargin Bridge crossing of the Rhine.

* * *

The following promotions have been announced by the Surgeon General's office:: Lowell Byron Ashley, MC, Detroit, to Colonel; Howard Bostwick Hoffman, MC, Ludington, to Lieutenant Colonel; Grant Lyman

(Continued on Page 856)

WHAT'S WHAT

(Continued from Page 854)

Otis, MC, Jackson, to Lieutenant Colonel; Winston Robert Wreggit, MC, Highland Park, to Lieutenant Colonel; Robert Simpson, MC, Battle Creek, to Major.

* * *

In Congress

The U. S. Children's Bureau has received from Congress an appropriation for 1946-47 of $56,365,510, as compared with $55,095,400 for the previous fiscal year. Of this amount, $44,189,500 is for the EMIC Program for twelve months, beginning July 1, 1945. The original EMIC appropriation just a few years ago was $1,200,000!

* * *

A bill has been introduced in Congress to provide for the payment of a gratuity to the parents of children hereafter born. S. 837 (Senator Langer of North Dakota) would pay to the parents of each child born after the date of enactment of the act the sum of (a) $500 if such parents are the parents of one other child; (b) $750 if such parents are the parents of two other children; and (c) $1,000 if such parents are the parents of three or more other children!

* * *

Congressman McDonough of California has introduced a bill into the U. S. House of Representatives to authorize the release of persons from active military service and the deferment of persons from military service, in order to aid in making possible the education and training and utilization of scientific and technological manpower to meet essential needs both in war and in peace (H.R. 2827).

Among those to be deferred are "15,000 trained scientists and engineers now employed in research or by industry in work essential to the health, safety, and welfare of the nation."

* * *

Meetings

The Fifth International Assembly (tenth anniversary of the founding) of the International College of Surgeons will be celebrated in Lima, Peru, September 10-11-12, 1945, under the sponsorship of the Peruvian Government.

* * *

Council and Committee meetings.

1. Committee on Public Relations and Radio for Seventeen States, Statler Hotel, Buffalo, N. Y., May 24.
2. Special Committee on Radio, Detroit, June 1.
3. Special Committee on Radio, Detroit, June 4.
4. Executive Committee of The Council, Book-Cadillac Hotel, Detroit, June 13.
5. Liaison Committee with University of Michigan President, Michigan Union, Ann Arbor, June 21.
6. Special Committee on Radio, Station WJR, Detroit, July 6.

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WHAT'S WHAT

(Continued from Page 856)

7. Rheumatic Fever Control Committee, Mackinac Island, July 12.
8. The Council, Mackinac Island, July 13-14.
9. Publication Committee of The Council, Mackinac Island, July 13.
10. Liaison Committee with Insurance Associations, Detroit, July 25.

* * *

The American Congress of Physical Medicine has cancelled its 1945 session scheduled for New York City September 5 to 8, 1945.

* * *

A Tip

"Public Relations begins at Home"—Joseph S. Lawrence, M.D., Washington, D. C.

* * *

Good Reading

The Detroit Medical News, in its June 25 number, presented an informative article on "Maximum Weekly Allowance on Rationed Foods for Special Diets." Official information on rationing, together with a list of diseases and ailments for which additional rationed foods have been requested at local ration boards, were included in the article.

* * *

John W. Hirshfield, M.D., William E. Abbott, M.D., Matthew A. Pilling, M.D., and *C. W. Buggs, Ph.D.,* Detroit, are authors of an article "Penicillin in Treatment of Empyema" which appeared in *JAMA* of June 23, 1945.

* * *

C. D. Selby, M.D., Detroit, is the author of an original article "X-Ray Examinations of Chest" which appeared in *JAMA* of June 30.

L. E. Himler, M.D., Detroit, is the author of "Psychiatric Technics" which appeared in *JAMA* of June 30.

* * *

Marvin Schwartz, M.D., and *Elmore C. Vonde Heide, M.D.,* Detroit, are authors of "Thrombocytopenic Purpura" which appeared in the June 30 *JAMA.*

* * *

Miscellaneous

Vacancy for male or female doctor as House Officer, International Grenfell Association Hospital, St. Anthony, Newfoundland. Hospital has eighty beds with two auxiliary annexes of twenty beds each. This organization provides the only medical care for North Newfoundland, and the position offers unique and valuable experience.

Vacancy occurs in August, or as soon after as possible, for one year. Full maintenance, including family accommodation, and travel, provided. Salary dependent on experience—$2,500 for a well-qualified candidate.

(Continued on Page 860)

WHAT'S WHAT

(Continued from Page 858)

Apply Staff Selection Committee, International Grenfell Association, 156 Fifth Avenue, New York 10, N. Y.

* * *

The Michigan State Board of Registration in Medicine has given official notice of the revocation of the medical licenses of David Friedman, M.D. of Detroit and of LeRoy Wellstead, M.D. of Ottumwa, Iowa; also the suspension for one year the license of Carl W. Wagar, M.D. of Kalamazoo, as well as the continuation for one year of the suspension of the license of Edward H. Thomas, M.D., Detroit.

* * *

Wayne Medical School Graduates 67 Doctors

The Wayne University College of Medicine graduated its 78th class on Monday, June 25, when sixty-seven graduates received their doctor's degrees from President David D. Henry.

Of the sixty-seven, forty-five are enlisted men in the United States Army, and eleven are in the Navy. Eleven others are civilians, two of them women. The two women are Susan C. Pidgeon, 15394 Ohio, and Jean Ellen Stevenson, 2229 W. Grand Boulevard.

* * *

Policy on Assignment of MC Officers to Veterans' Administration

Additional U. S. Army Medical Corps officers will not be assigned to duty with the Veterans' Administration unless they had previously been serving on the staff of that organization, Major General George F. Lull, Deputy Surgeon General of the Army, announced.

In outlining this War Department policy General Lull stated that in the event officers specifically requested service with the Veterans' Administration they would be eligible for such assignments.

* * *

Postwar Jobs in Medical Occupations

Students, teachers, parents and others interested in medical occupations will find helpful information in three new six-page Occupational Abstracts on *Medicine, Nursing,* and *Medical Laboratory Technologist,* just published by Occupational Index, Inc., New York University, New York 3, N. Y., at 25 cents each or 75 cents for the three.

Each abstract covers the nature of the work, abilities and preparation required, entrance and advancement, earnings, number and distribution of workers, postwar prospects, advantages and disadvantages and sources of further information, including a select bibliography of the five best references.

* * *

Board Approves Gifts to Wayne

Acceptance of gifts to the Wayne University College of Medicine totaling $15,657, has been approved by the Board of Education.

Included was a grant of $7,557 from the Federal Office of Scientific Research and Development to be used for the study of contaminated wounds, protein metabo-

(Continued on Page 862)

WHAT'S WHAT

(Continued from Page 860)

lism, and sodium lactate; a gift of $5,000 from the Griffith Laboratories, Chicago, for a two-year study of anti-oxidants; another of $2,000 from the Children's Fund of Michigan for continuation of the work on the brain disease registry; a grant of $1,000 from O. C. Frohnknecht to finance research on multiple sclerosis; and the sum of $100 from Dr. James D. Bruce, of Ann, Arbor, for the continuation of the Theodore A. McGraw Scholarship.

"AMERICAN MEDICINE"
The MSMS Commercial Radio Program
Station WJR
EVERY FRIDAY
6:30 to 6:45 p.m. EWT
Tune In
It's *Your* Program
(Note the hour—6:30 p.m.)

Nancy Rodger Chenoweth, M.D., is the first member of Delta-Schoolcraft County Medical Society to be made "Member Emeritus." She recently completed fifty-one years in practice, over thirty-five in Escanaba. Dr. Chenoweth now plans to dispose of her office and residence and to transfer to Peterborough, Ontario, where her son, Rodger Chenoweth, M.D., is Chief Surgeon for the Canadian General Electric Company. A new Civic Hospital is under construction in Peterborough and our Member Emeritus has been asked to take charge of the Geriatrics Section, to which specialty she will devote her entire time.

* * *

The Cummins Optical Company, Detroit, is celebrating its tenth anniversary this year by moving to new quarters covering half of the fourth floor of the Kales Building. Company leadership is vested in Stanley H. Cummins, President, Harold R. Larkins, Vice-President and General Manager, and William B. Wood, Secretary-Treasurer.

THE DOCTOR'S LIBRARY

Acknowledgment of all books received will be made in this column and this will be deemed by us as a full compensation of those sending them. A selection will be made for review as expedient.

MASS RADIOGRAPHY OF THE CHEST. By Herman E. Hilleboe, M.D., Medical Director, Chief, Tuberculosis Control Division, United States Public Health Service; Professorial Lecturer on Tuberculosis Control. George Washington University School of Medicine, Washington, D. C., and Russell H. Morgan, M.D., Surgeon(R), Medical Officer in Charge. Radiology Section, Tuberculosis Control Division, United States Public Health Service; Assistant Professor of Roentgenology, Absent on Leave, The University of Chicago. Chicago: The Year Book Publishers, Inc. 1945. Price, $3.50.

It has been years since the discovery that chest films show striking evidence of tuberculosis infection of the chest before the physical findings are detectable. Programs for tuberculosis control soon developed, but the cost was prohibitive. Mass roentgen studies, however, make this method of screening most applicable, especially since the small film may be used. This book gives the history of the procedure, the plans and instruments used, the equipment and technique, all well illustrated, to make its use and understanding available to workers. About half of the book is devoted to the chest diagnosis, and industrial contacts.

TEXTBOOK of ABNORMAL PSYCHOLOGY. By Roy M. Dorcas, Associate Professor of Psychology, University of California at Los Angeles; and G. Wilson Shaffer, Dean of the College of Arts and Sciences. Lecturer in Psychology, Professor of Health and Physical Education, Johns Hopkins University: Psychologist, Sheppard-Enoch Pratt Hospital, Towson, Maryland. Third Edition. Baltimore: The Williams & Wilkins Company. 1945. Price, $4.00.

This book is a profound study of the normal and abnormal states of the patient, and has been so popular that the first two editions went through ten printings, in two years. The studies and text are made up for the well-prepared and serious student. Normal conditions are explained in an effort to understand the abnormal. Explanations are full and sufficiently detailed. Sensory and motor disturbances are described, disorders of association and memory, of the central functions, desires, feelings, et cetera, are well described and explained. A goodly section of the book is devoted to desires, dreams, emotions, feelings, et cetera. There is a classification of mental diseases, and a section on psychotherapy. There are 833 references.

THE NEW-BORN INFANT—A Manual of Obstetrical Pediatrics. By Emerson L. Stone, M.D., Associate Clinical Professor of Obstetrics and Gynecology, School of Medicine, Yale University; Attending Obstetrician and Gynecologist to the New Haven Hospital. Third Edition, Thoroughly revised. Philadelphia: Lea & Febiger. 1945. Price, $3.25.

The new infant is suddenly subjected to tremendous changes in its life and conditions. It is immediately as important a subject as the mother, and demands immediate attention. Death rates have been reduced 53 per cent in the years 1916 to 1934, and all studies now look to further reduction. The book discusses the

(Continued on Page 866)

THE DOCTOR'S LIBRARY

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immediate care of the new-born, then the physiology and development. A complete list of the essential supplies to have on hand is given, and a chapter on the nursing of the infant, care of the nipples, et cetera. Breast feeding is ideal, but fundamental directions are given for modified feedings. Common diseases of the infant, injuries, deformities, infections, are given. The book recognizes the value of the specialties, and boards in encouraging study of conditions leading to better practices, and lessening of mortality rates. A valuable treatise for the obstetrician, and the general practitioner.

THE MALE HORMONE. By Paul de Kruif, New York: Harcourt, Brace and Company. 1945. Price, $2.50.

As in so many books and articles de Kruif is all enthusiasm about the new topic, testosterone, the male hormone, but this book shows much more research before the writing. He has exhaustively studied the subject, and told the story of hopes, and results. This subject is surely controversial, which seems to be de Kruif's forte, and he has not minced words, calling things by their right names, and clinching his argument with reports from every direction. Whether testosterone will relieve the pseudo coronary, invigorate the older man of affairs who is beginning to falter in his quick judgments, warm the cold feet, or stay the male climac-

teric, this book should be read by medical men because it certainly will by the laiety, and the medical consultant will be asked what about it?

DOCTORS AT WAR. Edited by Morris Fishbein, M.D., Editor of the Journal of the American Medical Association, and of Hygeia; Chief Editor of War Medicine; Chairman of the Committee on Information of the Division of Medical Sciences of the National Research Council; Illustrated with Photographs and Charts. New York: E. P. Dutton & Company, Inc. 1945. Price, $5.00.

Doctors at War tells authoritatively of the work and preparations for every phase of the doctors' work in this war. The records and accomplishments, the odds, and difficulties are all given by the men most able to tell the story. Drs. Fishbein, George B. Darling, Harold S. Diehl, General Grant, Charles Griffiths, General Hawley, General Kirk, General Lull, Admiral McIntire, Captain Moore, Surgeon General Parran, General Rankin, Dr. G. Canby Robinson, Colonel Rowntree, Colonel Rusk and General J. S. Simons. They tell of the preparations for D-Day, of the preventive medicine training to master the menace of tropical diseases. They tell of the Navy doctors at Tarawa and Guadalcanal. They tell of the mobilization of the great medical fighting force, of how at least sixty thousand are now alive who would have died with our knowledge during the first war. The book is a diversion, and a joy and satisfaction. The reader will be proud to be one of such a gallant group.

A MANUAL OF TROPICAL MEDICINE. Prepared Under the Auspices of the Division of Medical Sciences of the National Research Council; Colonel Thomas T. Mackie, MC, A.U.S., Executive Officer, Tropical and Military Medicine; Chief, Division of Parasitology, Army Medical School; Major George W. Hunter, III, Sn.C. A.U.S., Division of Parasitology, Army Medical School; and Captain C. Brooke Worth, MC, A.U.S., Division of Parasitology, Army Medical School. 287 Illustrations, 6 in Color. Philadelphia and London: W. B. Saunders Company. 1945. Price, $6.00.

This is another of the series of volumes developed under the auspices of the National Research Council and is a quite complete treatise on parasite and other tropical diseases. It covers the epidemic diseases as typhus, dengue, yellow fever, yaws, bacillary dysentery, and the especial parasite infestations too numerous to mention, but necessary to know for the doctor who will come in contact with these diseases, and who will treat many of the returning soldiers. In preparing the book the needs of the medical student have been kept in mind as well as the military and civil practitioner. The illustrations are remarkably well selected, from the standpoint of identifying the strange diseases.

A SYNOPSIS OF MEDICINE. By Sir Henry Letheby Tidy, K.B.E., M.A., M.D., B.Ch(Oxon), F.R.C.P. (Lond). Extra Physician to H.M. the King; Consulting Physician to St. Thomas Hospital; Hon. Major General, Lately Consulting Physician to the British Army. Eighth Edition, Revised and Enlarged. Baltimore: The Williams and Wilkins Company, 1945.

Practically all medical diseases of infectious or other nature are grouped in the various classifications and quite minutely described with especial reference to diagnosis and treatment. This is done by paragraphs in outline form. The book has been revised to include the newest chemotherapy, penicillin and the Rh factor. It is well worth having as a general reference.

—Reprinted through courtesy of Simon & Schuster, publishers of "The Sad Sack" by Sgt. George Baker.